THE

LOUISVILLE MEDICAL NEWS:

A WEEKLY

JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

H. A. COTTELL, M. D.,
PROFESSOR OF MEDICAL CHEMISTRY AND MICROSCOPY, UNIVERSITY OF LOUISVILLE.

VOLUMES XVII & XVIII—1884.

"NEC TENUI PENNA."

LOUISVILLE:
PRINTED BY JOHN P. MORTON AND COMPANY, 440-446 WEST MAIN STREET,
1884



Digitized by the Internet Archive
in 2021 with funding from
Wellcome Library

https://archive.org/details/s7333id1398539

CONTENTS OF VOLUME XVII.

Abdominal Section, A Means of Ascertaining the Course of the Small Bowel in the Operation of, 31
Abdominal Surgery, 144
Acne Rosacea, 416
Adulteration of Drugs, Detroit Views, 68
Adult Hands, Difference in Form, 154
Agaric in Night Sweats in Phthisis, 127
Ainhum, Case of, 79
Alcohol, Solid, 111
Alcohol for Students, 133
Alchemist, The Old and New, 296
Albuminuria, Pathology and Clinical Significance of, 328
Alumni Address, H. K. Pusey, M. D., 145
Alum, in Whooping Cough, 157
Amenorrhea, Conception During, 109
Amenorrhea and Vicarious Menstruation, 157
Amenorrhea, is a Woman with Marriageable, 204
American Medical Association, 243, 262, 282, 305, 314, 408
American Medical Editors' Association, 244, 340
American Surgical Association, 340
American Climatological Association, 339
Another Year, 10
Antiflexion, Frequency of, 46
Anti-Spree Mixture, 110
Anesthesia, Production of, 128
Antiseptic Pomade, 128
Angina Pectoris, 141
Antigalactagogues, 149
Anchorage Asylum, 248
Anodyne Mixture without Opium, 272
Anesthetics in Kidney Disease, Danger of, 288
Anatomical Curiosity, 303
Antimony in Clothing, 327
Anesthesia, Local, Ap Morgan Vance, M. D., 369
Aphasia, 11
Apomorphia in Infantile Convulsions, 239
Arteries, Temporary Ligature of, 47
Artificial Respiration in Stillborn Children, 287
Army Medical Intelligence, 11, 32, 48, 64, 80, 96, 112, 144, 160, 208, 224, 240, 256, 272, 279, 304, 320, 352, 368, 384, 400, 416
Arteritis a Sequel of Enteric Fever, 368
Atrophy of the Olfactory Nerve, 35
Atropine and Eserine in the Treatment of Conjunctival and Corneal Ulcerations, 140
Ataxic, A Fasting, 244
Athetosis, Case of, 272
Aural Defects in School Children, 96
Autogenetic Disease, 122
Auvard's Nest, 214
Awake or Asleep, 11
Bacillus Tuberculosis, 118, 125, 336
Bacillus of Cholera, 214
Bad Drainage, 294
Bandage as Cause of Hour-glass Contraction of Uterus, 400
Bed Sores, Hypericum Oil for the Prevention and Cure of, 54
Beautiful Snow, 86
Bethesda Water, 213
Bell's Paralysis, Contraction of Facial Muscles, 268
Beef Peptonoids, 323
Berzelius, 339
Beard, G. W., M. D., 343
Benzine, To Deodorize, 384
Beer in Italy, 406
Biliary Calculi, 64
Biceps Muscle, 77
Bicromate of Potassium as an Antisyphilitic, 332
Bibliography, 26, 41, 60, 71, 88, 104, 120, 152, 170, 201, 218, 234, 248, 263, 282, 298, 315, 361, 374, 394, 409
Blood, Tears of, 16
Blindness, Diminution of, 47
Blister for Cough, 175
Black Tongue, 276
Boils, 127
Bogg-moss, an Improvement on Cotton Wool, 197
Boracic Acid, 352
Boroglyceride, for Inflammation of the Middle Ear, 415
Bromide and Iodide of Sodium, 41
Bromine and Iodine, 192
British Medical Association, 260
Bromidia, 278
Bursa Patellæ, Enlargement of, 133
Burns and Scalds, Treatment, 328
Catheter, Fever, 38
Cauterizing Poisoned Wounds, 112
Carbolic Acid, Poisoning by, 117, 295
Carbonic Acid and the Devil, 164
Carotid Artery, Second Sound of, 156
Catarrh of Larynx, 238
Capillary Pulse, 252
Case, A Test, 408
Celery Chemin, 85
Cerebro Spinal Meningitis, Micrococci in Epidemic, 160
Centenarian, A, 197
Cervix Uteri, Malignant Disease of, 207
Cerebral Amaurosis, 313
Cesarean Section in Vienna, 406
Cholera, No Cure for, 9
Cholera Germ, 37
Cholera, Hog, 54
Cholera in India, 78
Cholera, 180
Cholera News, 229
Cholera Infantum, 286
Chloroform Water, 30
Chloroform, 143
Chloroform Astigmatism, 176
Chloroform Albuminuria, 251
Chloral, An Overdose of, 124
Chloral Hydrate as a Vesicant, 397
Chloral, Death from, 275
Charcot's Creed, 48, 53
Charcot's Joint Disease, 176
Chilblains, Prevention and Treatment of, 43
Charcoal as a Food, 52
Choosing One's Father, 83
Chorea in Pups, 165
Cider as a Preventive of Stone, 159
Cimicifuga in Epileptiform Nightmare, 175
Citrate of Lithium, 368
Clinical Society, Philadelphia, 300, 330
Clinical Notes, Robert C. Kenner, M. D., 337

Coffee, Good, 22
Coffee, Physiological Action of, 37
Coughs, 24
Cooking, Science of, 53
Collodion, 63
Cord, A Long, 68
Compound Fracture of Thigh in a Newly-born Infant, 107
Country Practitioner, 115
Correspondence, 138
Copper, Toxic Action of, 175
Conium in Malarial Disease, 224
Cold and Gangrene, 239
Congenital Rachitis, 245
Copperhead, Poisoning from Bite, 313
Corroding Ulcer of Os Uteri, 335
Corrosive Sublimate Gauze, 336
Compliment, A, 338
Convallaria Majalis, 397
Croton Oil, 55
Crystalline Oxygen and Liquid Nitrogen, 86
Craniotomy, A Living Child after, 134
Cretinism, 214
Cremation in England, 227
Criminal Abortion and Murder, 245
Cremation, Mr. Price, and, 275
Croupous Pneumonia, 350
Criticisms From a Chemical Point of View on Favorite Prescriptions, Henry Leffmann, M. D., 353
Cremation, 370
Curry Powder, 173
Cysticercus of the Brain, 400
Day Visions, 52
Damiana and Hemorrhoids, 406
Dental Lesions and Diseases of the Eye, 31
Death by Cold, 76
Death From Morphia Poisoning, 135
Death in the Primer, 149
Deafness Caused by Pressure on the Ears, 79
Defective Lactation, 139
Delirium Tremens, Bleeding in a Case, 153
Dental Surgery, Pean's Forceps in, 192
Dental Caustic, 240
Decreased Mortality and its Causes, 258
Determination of Sex, 327
Defective Dentition, 335
Diabetes Mellitus in Children, 75
Diabetes Mellitus, Barth on the Nervous Accidents of, 191
Diabetes Mellitus, 365
Diabetes, Treatment with Pot. Bromide, 208
Diabetes, Acute, with Pancreatic Disease, 334
Diabetic Paralysis of the Abducens, 143
Diabetic Neuralgia, 331
Diphtheria, Petechial Eruption in, 124
Diphtheria, Treatment with Cyanide of Mercury, 142
Diphtheria, Dependence Upon Low Forms of Fungi, 271
Diphtheria, its Treatment, 271
Diphtheria and Croup, Specific Treatment of, 365
Diphtheria and Micrococci, 392
Digitalis in Dropsy from Heart Failure, 328
Dipsomania, 95
Died in the Harness, 358
Drugs, Impure, 36
Duquesnel's Aconitia in Facial Neuralgia, 127
Duke of Albany's Death, 295
Dupuytren's Contraction of the Fingers, 357
Dumas, Jean Baptiste, 406
Dyspepsia, 235
Early Rising, 115, 166
Eczema, 128
Eczema, and an Affection Resembling Eczema of the Nipple, and a Malignant Disease of the Breast, 324
Editors, Overworked, 179
Electrolysis in the Treatment of Dracunculus, 94
Electricity in the Slaughter-House, 164
Electrolepsis, or Chorea Electrico, 256
Electro-Magnet in Ocular Surgery, 313
Emetic, A Novel, 150
Empyema, 245
Empyema, Followed by Abscess of the Brain, 253
Emphysema During Labor, 331
Enteric Fever, Note on, 20
English College of Surgeons, 277
Epilepsy, Nitrite of Sodium as a Toxic Agent in Treatment, 30, 45
Epilepsy, Clinical Study of, 398
Erysipelas Complicating Pregnancy, 303
Erysipelas with Low Temperature, 336
Ether Administered by Rectum, 373
Eye, Ear, and Throat, W. Cheatham, M. D., 81
Fatal Explosion, 52
Fatty Heart, 196
Fat Embolism, Sudden Death from Chloroform in, 224
Fetal Spleen, Enlarged Prevents Delivery, 62
Fehling's Solution, Compressed Tablets for Preparing, 86
Feet, Bromidrosis, Treatment of, 111
Fecundity, Great, 173
Female Medical Students, 228
Femur, Congenital Absence of, 371
Fingers and Toes, Deformities of, 192
Fibroid Polyp of the Female Urethra Successfully Removed, 63
Flat Foot and its Cure, 92
Flood, 1884, 103
Free Service, 96
Fresh Paint, 196
French Medical Titles, 278
France, Population of, 406
Food, An Ideal, 179
Food of the Ancients, 405
Foot and Mouth Disease and Milk Supplies, 371
Football, the Killed and Wounded, 292
Foreign Bodies in Nose, 320
Galvanic Remedies on a Small Scale, 167
Gastrostomy in the Olden Time, 253
Galazyme, or Artificial Koumiss, 196
Gale, Dr. R. H., 295
Gastralgia, 319
Girls, Sensible Training for, 23
Gleet, 111
Glanders in Chicago, 135
Glisson, Irritation of Capsule of, 397
Gonorrhea, Complicated with an Abscess in the Neck of the Bladder, T. S. Galbraith, M. D., 193
Good Send Off, 279
Goitre, Extirpation by Means of Elastic Ligature, 372
Great Men and Small Heads, 51
Grog, 227
Gross, Samuel D., Prof., 296, 342, 391
Griffiths, Thomas J., M. D., 359
Gum, What is It, 355
Hair, Hereditary White Patch of, 167
Hardness of Hearing in Children, 416

Harvey's Great Discovery, 55
Hay Fever, and Allied Disorders, 74
Hay Fever, Local Treatment, 414
Hardison, Dr. W. H., 393
Health Crystals, 20
Heart, Hypertrophy of, 112
Head Injuries, W. O. Roberts, M. D., 129
Hecker, Carl Von, 133
Hematozoa of Man, 142
Hemorrhagic Diathesis, 158
Health, Influence of Food Upon, 163
Health Resorts, Perils of, 165
Hemato-salpinx, 175
Hearts, Big, 180
Hemlock as a Beverage, 293
Hernia, Heatonian Operation for Radical Cure, Ap Morgan Vance, M. D., 321
Heroism of Doctors, 340
Heller's Test for Albumen, 340
Hemorrhage into the Medulla Oblongata, 368
Hiccough Treated by Chloral, 95
Hint, 117
Hip, Unusual Form of Dislocation of, 192
High Fees in Ireland, 195
Hill, Walter N., 358
Hour-glass Contraction of Stomach, 80
Hospitals for Incurables, 147
Homeopathic Practice Illustrated, 167
Hooping-cough, Fatal, 167
Holland, Prof. J. W., 342
Hysterical Malingerers, 194
Hysterical Aphonia, 235
Hysteria, Treatment of, 77
Hygiene in Israel, 213
Hydrophobia, A Case of, 214
Icterus During Pregnancy, 112
Ice Well, 313
Immunity Obtained Against a Second Attack of Contagious Disease, 254
Index Medicus, 10
Indigestion, Disorders of the Female Reproductive Organs, 29
Infectious Diseases, Three in One Individual, 47
Infants, Feeding of, 64, 189
Infant without Arms or Legs, 150
Intestinal Obstruction, 67
Indigestion, Nervous Disturbances from, 79
International Medical College, 132
International Health Exhibition, 260
Insane and Idiots, Management of, 267
Infectious Diseases, by Importation, 284
Inoculation against Hydrophobia, 341
Iodine, Colorless, 9
Iodoform, 144
Iodoform Plaster, 272
Iron Rust Spot Remover, 111
It Wasn't He, 116
Katatonia Forensic, Relations of, 125
Kairin, 229
Knee Breeches for Laborers, 100
Knowledge, A Little, 150
Koch, Dr., 371
Labial Herpes and Rigor, the Relation between, 35
Labor, Retained Secundines after, 124
Lay Superstition, 168
Lady Medical Students, 214
Laceration of the Genital Tract in Labor, 244
Letter, Paris, 14, 90, 171, 265, 316, 395
Letter, London, 362
Leprosy, Proposition Concerning, 125
Leucocythemia, 133
Lesions of the Eye Due to Rheumatism, 251
Legislation for the Marine Hospital Service, 259
Lemonade and Wine, 358
Life Prolonged, Maintenance of without Food, 64
Lipoma and Exostosis, Combination of, 137, 160
Lightning, Struck by, 152
Listerism, Influence of, 197
Life on Board Ship for Invalids, 222
Lithiated Hydrangea, 259
Liver with Cartilaginous Nodule, 335
Locomotor Ataxia not Syphilitic, 237
Localization of Perinephritic Lesions by Means of Clinico-Anatomical Study, 343
Luminous Harness, 36
Lumbago, its Cause and Treatment, L. S. Oppenheimer, M D., 65
Lupus, Its Relations to Tuberculosis, 351
Malaria, 20, 56
Malaria, Prophylaxis of, 16
Malaria, Influence on Pregnancy and Puerperal State, 23
Maple Sugar, 118, 167
Malignant Disease, Special Treatment, 119
Man, A Modest Great, 371
Medical Terms, Pronunciation of, H. Stillson, A. M., M. D., 33
Medical Societies, Mitchell District, 12
Medical Peerage, 21
Medical Veteran, 117
Medical Preparations, Indorsement of, 117
Medical Women in the Olden Time, 118
Medical Department of the University of Louisville—Alumni Association, 151
Medical Department of the University of Louisville, 217
Medical Societies, 372
Medical Society, Jackson County, Indiana, 381
Medical College, Louisville, 67, 104
Medical Men and Medicine in Denmark, 356
Medical College, Ohio, 358
Medical Practice Act, Illinois, 364
Medico-Chirurgical Society, Louisville, 392
Medicine, Unobjectionable Form for the Administration of, 413
Medicine, Modern Abuses in, 99
Medicine by Inunction, 61
Mesmerism, Surgical Operation under, 118
Menstruation During Pregnancy, 202
Meningitis after Enucleation of the Eye, 334
Menthol, 382
Methuselah, 406
Milk Epidemic, 9
Milk, An Infant that Secretes, 135
Milk Story, 279
Miasmatic Influences, Night-Blindness from, 8
Micro-organism, Another, 166
Micro-organism of an Acute Infectious Osteomyelitis, 333
Midwifery Case, How to Manage, 187
Miserable Ship Surgeons, 215
Mortality, Preventive for Infant, 108
Moncorvo, Dilatation of Stomach in Children, 143
Muriate of Cocaine, Physiological Effects on the Human Body, 189
Mullein in Phthisis, 255, 382
Multiple Hepatic Abscess in a Boy of Eleven, 348
Muscular Hypertrophy of the Stomach, 366
Mucous Membrane of the Upper Air-Passages, 411
Nasal Disease, 350
Nasal Polypi, Novelties in the Treatment, 250
Naples, 292

Napelline in Facial Neuralgia, 79
Neurotic Affection Accompanying Joint Lesions, G. W. Jacoby, M. D., 49
Nervous Prostration, 64
Nervous System, Dissolution of, 412
Nerve as a Barometer, 357
Nervi Nervorum, 96
Neither Dead nor Speechless, 406
New Code Stands, 102
Nephritis, Suppurative, 220
Nephrectomy, 86, 288
Negative Thermometer, 339
Neurosis of the Viscera, 269
Neurological Society of New York, 89
Nursing Sisterhoods, 214
Obesity and Brain Work, 32
Obstetric Practice, Common Sense Procedures in, G. T. McCoy, M. D., 97
Obstetrical Operations, 205
Obstructed Labor, Rare Form, 109
Obituary, 121
Old Fogy, 194
Old Times, 358
Opium Addiction, Prevention of, J. B. Mattison, M. D., 113
Opium Smoking Dens of Bombay, 128
Opium Smoking, United States, 406
Orthopedic Surgery, Ap Morgan Vance, M. D., 241
Os Uteri Internum, 78
Ovaries and Fallopian Tubes Removed to Relieve Blindness, 126
Ovariotomy, Dr. Goodell on, 188
Paralysis, Prognosis in Various Forms of, P. Zenner, A. M., M. D., 17
Paralysis of the Will, 277
Paralysis of the Left Vocal Band in Extreme Abduction, 411
Parasites of the Blood in Hematochyluria, 267
Patent Medicine, 295
Parkes, Prof. Willard, 293
Parties, Children in Winter, 134
Parvin, Professor, 99
Pauperism in Scotland, 197
Pediatrics, Archives of, 11
Peliosis Rheumatica, 62
People, Why They Take Medicine, 85
Perineum Lacerated, 122, 410
Perosmic Acid, 176
Personal, 180
Peroxide of Hydrogen as an Antiseptic, 259
Pedantry Rebuked, 259
Pestilence, Gateway of, 280
Perihepatic Abscess, Edward T. Bruen, M. D., 355
Phthisis, Mullein in, 15
Phthisis, Contagiousness of, 111, 136
Phthisis, Treatment of Cough in, 140
Phthisis among Type-setters, 149
Phthisis, Contagiousness of, E. J. Kempf, M. D., 177
Phthisis, Forced Respiration in, 223
Pharmaceutical Association, Kentucky, 405
Picric Acid a Test for Albumen, 93
Picric Acid as a Test in Urine Containing Quinine, 156
Pilocarpin in Puerperal Convulsion, 332
Placenta, Let Nature Remove, 32
Placenta Previa, 143
Pleural Cavity, Injections of Blood into, 112
Pleuro-Pneumonia, Contagious, 384
Pneumonia Infectious, 192
Popular Science News, 23
Potatoes, How to Serve, 23
Pott's Disease of the Spine in Children, 277
Pomade, A Dangerous, 36
Pork, Inspection of Exported, 135
Poisoning by Wild Parsnip, 135
Poisons, Unity of in Diseases, 154
Poison Vending, 206
Polysyllable Pedantry, 165
Poliomyelitis, Walker Schell, M. D., 322
Practical Medicine, A Plea for, James F. Hibberd, M. D., 1
Procreation and Poverty, 19
Pregnancy Vomiting, 28, 72
Pregnancy Diagnosis, 46
Pregnancy and Confinement, Ocular Troubles During, 142
Providential, 48
Pruritus Vulvæ, 48
Prognosis, A Point in, 68
Pruritus at the Menopause, 288
Press and Sanitary Work, George Baber, 225
Preparatory Study for Medicine, 230
Prophylactic Measures in Scarlatina and Diphtheria, 256
Present System of Education, Effect upon Health of the Community, 293
Practicing without Diploma, 313
Prolonged Gestation, B. Buckle, M. D., 338
Preserved Meat, 357
Preliminary Requirements, 372
Ptomaines, 69
Pulse of Animals, 86
Puerperal Fever, Epidemic, 106
Puerperal Septicemia, Iodoform in, 139
Puerperal Temperature, Observations on, 173
Pulmonary Syphilis, 126
Pyrexial Syphilis, 191
Quacks, A Swarm of, 358
Questions in Diagnosis, 281
Questions in Diagnosis, Wm. H. Whitsitt, 273
Quinine and Chloral, A New Combination of, 101
Quinine by Inunction, 203
Rats, Rough on, 229
Rats, Not Rough on, 247
Rags, Importation from Egypt, 277
Rain Water, 349
Raiment of Women and Children, F. J. Van Vorhis, M. D., LL. B., 209
Reaction, Value of, 36
Refractive and Accommodative Troubles Requiring Glasses, by R. Maupin Ferguson, M. D., 161
Remarkable Prescriptions, Three, 228
Replantation, 304
Reformer, Disappointed, 329
Rectal Etherization, 393
Rheumatism, Dislocation in the Course of, 180
Rheumatic, Subcutaneous Nodules, 206
Ringworm, Chloasma and Favus, 351
Rock and Rye, 228
Rue de Darwin, 228
Rupture of Umbilical Muscle, Strangulated Umbilical Hernia During Labor, 249
Rush, Benjamin, 372
Sacculated Calculus in the Bladder, 208
Saline, An Excellent, 19
Sanctity, The Odor of 180
Sanitary Council, 219
Scarlatina and Diphtheria, 123
Scarlatinal Desquamative Nephritis, 175
Scarlatina, Micrococci of, 180

Scarlatina Puerperalis, 304
Scarlet Fever, 319
Sexes, Proportion of, 79
Septic Pneumonia in Infants, 159
Sex and Age of the Insane, 166
Sewers in England, 179
Shoeless Horses, 34
Skin Affections, Improved Method for Treating, 156
Skull, Fracture of, 112
Sleep in Syphilis, 220
Slaughter-houses in the Center of a Great City, 294
Slow to Learn, 197
Sore Throat in Children, 143
Social Purity Movement, 197
Spleen, Function of, 8
Sputa of Phthisical Patients, 48
Spider Silk, 167
Speculum Matricis, 247
Specialist, R. Maupin Ferguson, M. D., 289
Spasm of the Muscles of the Face, and Cataract, Due to Dental Irritation, 349
Sputum, Diagnostic Value of, 383
Specialism, 86
Stomach, Resection of, 32
Stomach, Washing Out of, 372
Stone in the Bladder of a Woman, 134
Stimulants for Cold Weather, 148
Strychnia in Delirium Tremens, 320
Stammering, 116
State Medical Association, Kentucky, 151, 286, 342, 376, 385, 394
State Sanitary Council, Kentucky, 84
State Board of Health, Illinois, 213
State Board of Health, Louisiana, 302
State Medical Society, Arkansas, 243
State Boards of Health, National Conference, 312
Successful, 358
Suicide, A Poetical, 132
Suppuration, none without Micro-organism, 160
Sub-periosteal Hemorrhage in Infantile Scurvy, 238
Sulphate of Copper in Obstetric Practice, 336
Surgical Abuse of Sponges and Silver Wire, 347
Surgery, Progression in, L. S. McMurtry, A. M., M. D., 401
Survival of the Fittest, 360
Syphilis in the Tropics, 9
Syphilis and Tabes, 150
Syphilis, Changes in the Teeth by, 278
Syphilis, 367
Syphilis Transmitted through Vaccine Lymph, 407
Syphilitic Lupus, 270
Tapeworm under Chloroform, 359
Tartar Emetic, Counterfeit, 135
Tendon Reflex, Mode of Production, 174
Teeth in the Nose, 276
Thomsen's Disease, A Case of, 180
Tooth-Drawing, New Method, 21
Tobacco, the Effects, 24
Tonic Pills, 30
Tongue, Tubercular Disease of, 47
Toxicological Pseudonym, 261
Tonsillitis and Tonsillotomy, 287
Trismus Nascentium, 80
Trichinosis, an Epidemic of 87, 96
Traction Suture, 110
Tremendous Learning, 233
Tracheotomy, 346
Trichinosis, Virchow, 372
"Tricks that are Vain," 297
Tunica Vaginalis, Fatal Results from, 106
Tubercle Bacilli in the Pus from Otitis, 192
Tubercle Inoculation in the Dead-house, 246
Tubercle without Bacilli, 35
Turpeth Mineral as an Emetic, 221
Typhoid Fever, Antipyretic Treatment of, G. T. McCoy, M. D., 50
Typhoid Epidemic from Milk, 101, 102
Typhoid Fever, Cold Bath Treatment, 198
Typho-malaria, 110
Typhus and Typhoid Epidemics, 298
University of Louisville, 131
Urine, Peptones in, 176
Uterus, Minor Displacement of, 23
Uterus Removed per Vaginam, 245
Uterine Tissue, Injection into, 108
Uterine Tumors, 120
Uterine Hemorrhage, Hot Water Injections to Arrest, 134
Vaccination Lymph, Antiseptics with, 158
Vaccination in India, 391
Vaccine Virus, Efficacious without Cutaneous Manifestations, 255
Vaccinia, is it Modified Variola? 25
Vaccinia and Variola, 29
Varicose Veins, Treatment of, 54
Vesical Calculus, Supra-pubic Operation, 271
Veal Bewitched, 165
Vinegar, Formation of, 23
Virginia, New Medical Laws of, 115
Vivisection, Pasteur, 150
Virus, Concentrated Homeopathic, 164
Violent Deaths in India, 197
Vocal Gymnastics, with report of Cases, M. F. Coomes, M. D., 257
Vulvar Disease, Rare Form, 313
Water-Drinking, 21
Warts, 64
Weston's Walk, 37
Wens Treatment, Ether Injections, 96
Williams, Prof. J. T., 40, 105
Wirtzung's Practice of Physicke, 276
Woolen Underclothing, 123
Wretched Rome, 291
Yandell, Prof. Lunsford Pitts, 168, 181, 203, 344
Yandell, Prof. D. W., 324, 329
Yellow Fever in New York, 53
Yellow Fever, Transmission of, 208
Yellow Fever, 229
Young Quartz, 195

CONTENTS OF VOLUME XVIII.

A new Theory of Fetal Nutrition, 400
A Remarkable Laparotomy, 389
Abdominal Surgery, W. Symington Brown, M. D., 177
Abdominal Section, Report of Twenty-five Cases of, 372
Absorption Through the Skin, 160
Abuse of Medicines, 172
Activity of Vaccine Crusts after a Half Century of Preservation, 79
Acute Vomiting in Infancy Treated by Nutrient Enemata, 267
Ah Sin, 87
Albuminuria, The Bromides in Treatment, 112
Albumen in the Urine. The Significance of, 222
Alcohol in the Hog Effect of, 42
Alcohol, Sir Andrew Clark on, 404
Alcoholic Diseases in Children, 253
Alcoholic Injections in Uterine Hemorrhages, 367
American Academy of Medicine, 243
American Gynecological Society, 212, 341
American Notes, 404
American Rhinological Association, 234
American Public Health Association, 4, 229, 284
Amputation in a Boy, Triple, Recovery, 15
Amyl Nitrite, 176
Autograph Letter of Edward Jenner, 211
Anesthetization of Cattle Before Slaughter, 22
Anodynes as "Placebos," E. von Donhoff, A.M., M. D., 83
Antipyretic, A New, 188
Antipyrin, 41
Antiseptics in Surgery, 14
Apomorphine, 10
Arctic Horror, Concerning the, 136
Army Medical Intelligence, 16, 32, 48, 64, 80, 96, 112, 128, 146, 176, 192, 208, 224, 240, 256, 272, 288, 320, 336, 352, 368, 384, 400, 416
Arsenic Diffused Rhrough the Dead Body, 39
Asiatic Cholera, 396
Asiatic Cholera, Treatment of, 268
Aspirator Needle, Fatal Hemorrhage Following the Use of, 340
Association of State Boards of Health, 283
Asthma, Treatment of, 269
At the Shrine of Hygeia, 391
Bacillus of Cholera Nostras, 365
Bacillus of Asiatic Cholera and Cholera Nostras, Non-identity of, 308
Bacillus of Tuberculosis, Some Observations on, 367
Bacteria, 5
Bacteria in Bricks, 22
Bangs, John B., 88
Bath-Beds, 96
Battery, An Economical, 39
Bee Stings, Peculiar Results of, 358
Bergh vs. Pasteur, 25
Berlin Uuiversity, A Scandal in, 357
Bibliography, 8, 26, 58, 75, 90, 119, 140, 170, 183, 205, 215, 234, 248, 265, 280, 298, 312, 328, 343, 361, 378, 408
Bichloride Mercury, Vaginal Injections of, in Puerperal State, 28
Bicycle Riding, A New Danger from, 374
Billroth on the Antiseptics, 360
Birthdays, 116
Blackmailing, 136
Bladder, Rupture of, 16
Boracic Acid, Action of, on Urine, 127
Boric Acid, Disinfection with, 108
Boroglyceride in Diseases of the Middle Ear, 220
Boyle County, Ky., Medical Society, 249
Brain, Cortical Lesions of the, 156
Brain, Opening and Drainage of Abscess Cavities in, 158
Brain and Phosphoric Acid, The, 215
Bright's Disease of Malarial Origin, 175
British Medical Association, 104
Bromides, The Therapeutic Use of, 366
Buddhism and Transmission of Disease, 73
Buried Alive, Almost, 5
Burn, Phlebitis, or Blood Poison, 341
Calcification of Arteries, J. B. Marvin, M. D., 114
Calculus impacted in Ureter, Feasibility of Removing, 414
Cancer Removal by Rubber Band, 94
Cannabine, Tannate of, as a Hypnotic, 112
Carbolic Treatment, 130
Cardiac Trouble, The Treatment of, by Milk Diet, 352
Cascara Sagrada in Constipation, 12
Catarrhal Headache and its Allied Affections, T. H. Stucky. M.D , 113
Chancroids, The Abortive Treatment of, 95
Chancroids, Salicylic Acid in the Treatment of, 96
Charlatan, Origin of the Word, 6
Chemical Euphemism, 213
Chemicals in the Kitchen, 374
Child, An Anencephalous, 410
Childbirth, Sudden Death in, 324
Children's Tonic, 208
Chlorate of Potassium, Death from, 78
Chlorate of Potassium as a Specific in Tinea Tarsi and Porrigo Favosa, 160
Chloroform, A Doctor Dies from, 41, 324
Chloroform in Infectious diseases, 108
Chloroform Anesthesia, Sudden Death from, 123
Cholera, 7, 40, 57, 74, 137, 168, 213
Cholera, Treatment of, 155
Cholera Bacillus, 5
Cholera, Prevention of, 53
Cholera in Illinois, Precaution against, 54
Cholera at Monaco, Precaution against, 92
Cholera, Is India the Home of, 101
Cholera Remedies, 103
Cholera Germ and its Discoverer, The, 104
Cholera, Local Predisposition to, 104
Cholera, Precautions against, 108
Cholera, The Symptomatology and Treatment of, 108
Cholera Microbe, A Challenge to the, 167
Cholera and the Comma Bacillus, 169, 181, 203
Cholera in Italy, 201, 242, 262
Cholera, A Typical Case of, 220
Cholera Experiments on Animals, 303
Cholera at Marseilles, 335
Cholera, Homeopathic Cure for, 359
Cholera, Sporadic, A Case of, Frank S. Tripp, M.D., 403

Cholera, Prophylaxis, 376
Choleraic Infection, 233
Chromic Acid in Mercurialism, 310
Cinchona Plantations in Bengal, 103
Civilization and the Teeth, 165
Clinician, The Good, 116
Clitrophobia, 230
Cocaine, 320
Cocaine as a Local Anesthetic in Ophthalmic Practice, E. M. von Quast, M. D., 395
Cocaine Hydrochlorate, 365
Cocaine Hydrochlorate, 395
Cocaine Hydrochlorate, The Price of, 309
Cocaine Hydrochlorate in Gynecology, 340
Cocaine in Chronic Affections of the Larynx and Pharynx, 413
Cocaine Muriate as a Local Anesthetic, W. Cheatham, M. D., 273
Cocaine Muriate, as a Local Anesthetic, J. A. Stucky, M. D., 321
Coffee, Fluid Extract of Green, 272
Cohnheim, Professor, 166
Cohnheim, Autopsy upon, 262
Colotomy, Inguinal v. Lumbar, 64
Compound Fracture of the Skull Implicating the Brain, J. Clark McGuire, M. D., 322
Compression in the Treatment of Skin Diseases, 368
Concerning Nutmegs, 389
Confederate Memorial Exhibit at Southern Exposition, 20
Congenital Dermoid Growth, 55
Constipation and Melancholia, 96
Contagious Diseases, House of Refuge in, 341
Contagious Eye Diseases, J. Morrison Ray, M. D., 353
Contagious Pleuro-Pneumonia, 246
Contribution to the Clinical Study of Rötheln, 414
Convulsions in Children, 109
Copper Soda-Water Fountains, 293
Coroner on Unnecessary Inquests, Strange Views of a, 232
Corrosive Sublimate, How to Prepare a 1 to 1,000 Solution of, 21
Corrosive Sublimate, Remarks on the Hypodermic Injections of, in the Treatment of Syphilis, 382
Corrosive Sublimate Irrigation, Poison by, 71
Corrosive Sublimate as an Antiseptic Dressing, Sir Joseph Lister on, 339
Correspondence, 30, 409
Covering Bone Denuded of Periosteum, A New Method of, 270
Craniotomy, 110
Cranial Fractures, Syllabus of the Treatment of, 260
Crede's Method for Delivery of the Placenta, 375.
Cremation in Italy, 310
Croup, 381
Cystitis, Salicylic Acid in, 87
Cystic Tumor of the Breast, 112
Cystic Spleen, Removal of a, 208
Deaf-mutism and Religious Conceptions, 163
Death of a Noted Epidemiologist, 232
Decapitated Head, Observations on a, 147
Delusions, 388
Dentist's Revenge, A, 278
Detached Retina, Wolf's Operation, Cure, 288
Diagnosis, Doubtful, 71
Diarrhea, The Treatment of, 46
Diarrhea, Tropical, 62
Digitalis, Alterations in the Action of, Produced by Febrile Temperature, 317
Digitalis, Physiological Action of, 356
Diphtheria, Membranous and Laryngeal, 77
Diphtheritic Paralysis, J. W. Holland, A. M., M. D., 17
Disinfectants, 247
Diuretic, A Good, 192
Doctors, A Difference among Big, 147
Dosing an Elephant, 167
Drowning Season, The, 115
Drugs and Medicines of North America, 405
Dysentery, Ipecacuanha in, 16
Dyspepsia in Children, The Treatment of, 15
Ears, Boxed, 55
Echinococcus in the Gravid Uterus, 255
Electrician, The First, 116
Electric Quackery, 307
Elixir of Paraldehyde, 390
Encyclopedia of Medical Wit, Humor, and Curiosities of Medicine, 167
Endoscope, Some Cases Illustrating the Use of the, Walker Schell, M. D., 289
English in Vienna, 326
Enteric Fever; Should Cases be Isolated, 124
Epidemic Dysentery, Fayette Dunlap, M.D., 241
Epidemic in France, 168
Epithelial Cancer, A New Treatment of, 56
Epithelioma, Excision of the Tongue for, 127
Erysipelas, The Microbe of, 15
Erysipelas Virus, Inoculation of, in a Case of Cancer; Death from Erysipelas, 285
Explosive Lamps, 87
Exploring Needle Folly, The, 212
Extra Uterine Gestation; A Case of Delivery of a Living Child per Vagina, etc., 93
Fall, A, and a Call, 23
Federal Memorial Exhibit at the Southern Exposition, 20
Femoral Artery, Ligation of the Common, 80
Fetal Revolutions, 95
Forceps, The Use and Abuse of, 166
Forewarned, Forearmed, 327
Formic Acid as a Germicide, 384
Fractures in Syphilitics, 352
French Commission to Study the Cholera in Italy, 314
From a Successful Surgeon to a Young Genius who has Decided to Study Medicine, 325
Funerals, Uncovering at, 106
Gall Stones, Surgical Treatment of, 96
Gastritis Favosa, 407
Gastrostomy, Esophagostomy, etc., 189
Gaultheria, Oil of, The New Specific for Rheumatism, 358
Genius to Fail, 168
Glaucoma: Its Nature, R. Maupin Ferguson, M. D., 1
Going-out of a Great Light, 119
Goose Brood Eggs, Poisoning by Eating, 72
Guarana, 255
Gum, The Nature of, 180
Gunshot Fracture Treated as a Simple Fracture, 140
Gunshot Wound of the Stomach, Laparotomy, 92
Habitual Constipation, Pills for, 317
Hair, Retention of, in Axilla, 141
Hair Tumor Removed from the Stomach of a Young Girl through Gastrotomy, 375
Haste and Waste, 70
Hay Asthma, The Negro Exempt from, 310

Headach, The Influence of Diet on, 310
Health in Michigan, October, 1884, 315
Hebra's Continuous Tepid Water Bath, 145
Hebra's Prescription for Baldness, 126
Heliotropine, Artificial (Piperona), 31
Hemicrania, 239
Hemoptysis, The Treatment of, 223
Hepatica, 117
Hereditary Syphilis, 317
Heroism in Medicine, 311
Homeopathy, The Frauds of, 253
Homeopathy and the Garfield Memorial Hospital, 231
Horse Talk, 312
Horseshoes, Sheep's Horns for, 116
Horizontal Position, The Therapeutics of the, 146
Hygiene of the Mouth in the New Born, 277
Hypnotic, The New, 63
Hypnotics, The Action of, on the Cerebral Circulation, 336
Hypodermic Injections of Ether, Consequences of, 231
Hysterical Hemiplegia, Unilateral Swelling of, 189
Ice-Cream, Pernicious, 23
Ignorant Midwives, 231
Impending Evil, A Flight from, 180
India, Disease and Water in, 121
Indiana State Board of Health, 372
Indigestion and Intestinal Catarrh in Infants, 121
Infantile Convulsions, Morphine, Hypodermic Injections for, 341
Infantile Paralysis, Resection of Muscles in, 32
Infant Digestion, 218
Injury from Falling Wire, 41
Inoculation, Disease by, 191
Insanity and Cardiac Disease, 56
Insanity among Railroad Engineers, 214
Insanity, Recovery from, 142
Inspectors of Customs at Quarantine Stations, 54
Intermittent Pulse, 377
International Medical Congress, 118, 140
International Medical Congress, 9th Session, 372
International Medical Congress, Discussion on Chronic Gonorrhea, 266
Intestines, Surgery of the, E. P. Easley, M. D., 305
Intra-Articular Effusions Treated by Injections of Irritating Solutions, 80
Inverted Uterus of Thirty Years Standing Reduced, 266
Iodia, 246
Iodoform, 270
Iodoform, Antidote for, 310
Is Consumption Contagious? 398
Jequirity Poison, The Nature of, 64
Kentucky State Sanitary Council, 20, 236
Kidney, Abscess of; Aspiration of forty-two ounces of pus; Recovery, 125
Kidney, Movable, 16, 416
Lactopeptine, 6
Laparotomy, Foreign Bodies in the Abdomen after, 341
Larynx, Localization of the Cortical Motor Centers of the, 384
Lead in Citric Acid, Detection of, 160
Leiter, Joseph, and the Vienna General Hospital, 309
Leprosy Not Hereditary 243
Leprosy, Some Curious Symptoms in, 287
Lessons Taught by the Suspension Bridge Epidemic, 397
Lithotomy in a Female Child, 294
Lithotomy with Artificial Opening for Drainage, J. G. Carpenter, M.D., 209
Lithotrity and Lithotomy, 154
Lithotrity Extraordinary, 208
Lipoma of Prostitutes, Professional, 135
Lithographed Medical Journal, A, 180
Lively Cheese, The, 275
Local Anesthesia, Simple Means of Obtaining, 359
Locomotor Ataxia, 158
Locomotor Ataxy, Localized Sweating in, 14
London Letter, 8, 76, 152, 206, 299, 347
Louisville Medical Society (Subperitoneal Abscess), 33
Louisville Medico-Chirurgical Society, 332, 393
Lumbar Nephrectomy for Renal Calculus, 411
Lung, Extirpation of the, 112
Man, An Old, 243
Mackerel Scare, Collapse of, 40
Magnesia, Borocitrate of, as a Solvent of Urinary Calculi, 78
Malaria, 150
Malarial Taint Congenital, 15
Malignant Dysentery, A Circumscribed Epidemic of, in Lincoln County, in 1883, Steele Bailey, M. D., 97.
Malpractice Suit, A, 87
Mamma, Painful, in Young Girls, 416
Man-Eaters of the Arctic Expedition, The, 134
Marriages, Late, 5
Marriage and Mitral Stenosis, 271
Married Life, The Mortality of, 72
Marseilles Cholera Commission, Report of the, 351
Meat Preservation by the Biniodide of Mercury, 45
Medical Journal, The, 277
Medical Society of Louisville, 346
Medical Science in China, 356
Medicinal and Non-Medicinal Therapeutics, 371
Medieval Relic, 276
Mellin's Food, 127, 167
Memorial, A Fitting, 373
Menthol in Pruritus Ani, 246
Mercurial Stomatitis, Lotion for, 317
Metrical Contractions, 389
Methylene, Death from, 40, 324
Microbe, Origin of the Word, 232
Micrococci under the Floor, 166
Midwife, The, 88
Mississippi Valley Medical Association, 6, 137, 238
Mistaken Diagnosis, 5
Mixed Anesthesia, 405
Mountain Scourge, The, 373
Mumps as a Cause of Sudden Deafness, 355
Murder from Professional Jealousy, 277
Myxedema, 374
Myxedema and its Pathology, 191
Nasal Polypi and Asthma, 255
Naso-Pharyngeal Catarrh, 336
National Conference of Health Boards, 70, 87
Needle, The Vagaries of a, 164
Negroes, Why Black, 202
Nephrectomy for Tuberculous Kidney, 224
Nervous Headache, A Formula for, 359
Nervous Origin of Some Disorders of the Alimentary Canal, 339
New Instrument, A, J. A. Stucky, M.D., 273
New Local Anesthetic, The, 275
New York State Medical Association, 262
Ninth International Congress, 390
Nitrite, Amyl, Draught of, 416
Nitrogen, Inhalation of, in Pulmonary Disease, 122

"No–Coders," 295
Nose, Usefulness of, in Diagnosis, 415
Obituary, 151
Obstetric Grab, An, 296
Occult Philosphy, 212
Octerlony, Prof. John A., M.D., 136
Oil Spot, The, 335
Oleate of Chloral Compound in Prurigo, 400
Oleomargarine, 179
Ophthalmia Neonatorum, Blindness from, 73
Opium Habitue Cured by a Sudden Discontinuance of the Drug, 349
Opium, in Neuralgia, A Substitute for, 6
Opium Poisoning, Electricity in, Samuel Ayers, M. D., 290
Orange Fruit Tincture, 40
Ovarian Fibroma, 202
Ovary, Fibrous Tumor of, 121
Overwork at School, Alleged Death from, 56
Oxaluria by Vegetables, 126
Oxygen, Easy Liquefaction of, 160
Pacific Medical and Surgical Journal, 70
Paget's Disease of the Nipple, The Pathology of, 157.
Paraldehyde in Delirium Tremens, 395
Paraldehyde in Sleeplessness, 38
Paretic Dementia, Immoral Conduct as a Symptom, 111
Paris Letter, 44, 60, 183, 281, 333, 379
Pasteur's Criticism of Koch's Views on Cholera, 102
Pasteur's Hydrophobia Experiments, 103
Pasteurization against Hydrophobia, 175
Patent Nostrum, Almost a Death from, 262
Pathological Society of Philadelphia, 91, 347
Peliosis Rheumatica, J. W. Irwin, M. D., 226
"Pepsau," 178
Pericarditis, Mobility of the Dullness in the Exudation of, 368
Perimetritis Electric Treatment, 341
Periodical Change of Color of Hair, 399
Perfect Filters, 277
Perverted Sexual Instincts, 255
Pessary, Death from a, 340
Philadelphia Clinical Society, 36, 301
Philanthropy, 297
Phlegmasia Alba Dolens, John G. Cecil, B. S., M. D., 257
Phospho-Citric Acid, 255.
Phthisis, 144
Phthisis, The Nails in, 145
Phthisis, Disinfecting the Sputa of, 302
Phthisis, Thoracic Pains in, 310
Physiological Check to Population, 294
Plague, 168
Plague among the Mountaineers, 342
Pluritis, Suppurative or Purulent, G. T. McCoy, M. D., 65
Pleuro-Pneumonia in Western Cattle, 179
Pneumonia, Acute Croupous, Course of Fever in, 93
Pneumonia as an Infectious Disease, Sam'l Brandeis, M. D., 81
Pneumonia, Treatment of, 254
Pneumotomy, 13
Pocket Pharmacy, Traveler's, 39
Poisoning among the Ancients, 143
Poisonous Solder in Canned Goods, 286
Poison Water, 278
Post-Partum Convulsions, 174
Potassium, Chlorate, in Burns, 356
Prevention of Cruelty to Animals, 261
Preventive Medicine, E. S. Elder, M.D., 385, 401
Puerperal Eclampsia, 207
Puerperal Fever, Treatment with Cold Bath, 304
Puerperal Mastitis, 10, 31
Puerperal Septicemia, 240
Puerperal Septicemia, An Epidemic of, E. S. Moss, M. D., 225
Puerperal Septicemia, Prophylaxis of, 340
Pyemia, Bacteria in, 14
Pyo-pneumo-Thorax, A Case of, 412
Quebracho in the Dyspnea of Laryngeal Diphtheria, 389
Quinine, Bisulphate of, 137
Quinine, Cheap, 243
Rabies in Birds, 55
Radcliffe, John Netten, 357
Railway Spine, 318
Rattlesnake Bite, Treatment of, 192
Removal of Epithelioma from Inside of Cheek without Hemorrhage into the Mouth, 399
Rhymes of the Times, 292
Ricketts, 239
Ricord, Professor, 40
Russia, The Paucity of Medical Men in, 101
Sanitary Surroundings, Our, 263
Sanitary Convention, 294
Sanitary Towel, 137
Santonin, How to Give, 355
Saundby on the Glasgow Discussion on Albuminuria, 268
Scarlet Fever in Child-bed, 168
Scarlet Fever in Pregnancy, 192
Scarlet Fever and Milk, 32
Scarlet Fever, Surgical, 23
Scars and Copper Colored Spots on the Forehead, Significance of, 41
Sciatica, The Diagnosis of, 78
Schweninger! Alas for, 358
Sea Air, 147
Seborrhea, The Treatment of, 124
Sepsis without Symptoms; A Rare and Fatal Form, 366
Septicemia, Chronic, L. S. Oppenheimer, M. D., 306
Septicemia, Masked, 272
Sex of Child Influenced by the Blood of the Mother, 308
Shakespeare's Physician, 340
Sight, Preservation of, 73
Slander, 138
Smallpox, Diagnosis of, 126
Smallpox or Chicken-pox (?), 251
Smell and Taste, Sudden Loss of, 244.
Snake Bite; Successful Treatment by Explosive Cautery, 213
Southern Exposition, 7, 56
Specialism Outspecialized, 71
Spermatorrhea, 10
Spinal Cord Stretching, 164
Spleen and Thyroid, Relation between, 153
Sponge in the Abdominal Cavity, 245
Squinancy, 136
State Board of Health of Kentucky, 85
State Sanitary Council, 171
Sterility in the Woman, L. S. Oppenheimer, M.D., 274
Stigmata Maidas, 230
Still Raging, 212
Stille's Successor, 6
Stomach Pump, Death from Use of, 295

Strangulated Hernia in a Boy Baby of Ten Weeks; Operation; Recovery, Ap Morgan Vance, M. D., 133
Strychnia Poisoning, 157
Substantial and Merited Testimonial, 293
Suicide on the Increase, 276
Sulphur, 31
Sulphuric Acid, Dry, 159
Sunstroke, 103
Surgery, Two Cases of, Ap Morgan Vance, M. D., 161
Surgical Instruments of the Second or Third Century, 405
Syphilis, The Bacillus of, 405
Syphilis and Cholera, 271
Swallowing a Shawl-pin, 406
Tape-Worm, Occurrence of a Rare Human (Tenia Flavopuncta), 149
Tenotomy for Pianists, 202
Tetanus Produced by Hypodermic Injections, 383
Tell the Truth, 326
Thanks, 75
The Surgical Management of Rachitic Deformities of the Lower Extremities, 398
Therapeutic Note, 214
Thermic Dyspnea, 222
Third Congressional District Medical Society of Indiana, 301
Thumbs, Odd Symptoms Observed in Uterine Hemorrhages, J. W. Irwin, M. D., 19
Tincture of Citro-Chloride of Iron, 400
Tinea Favosa, 334
Tinnitus Aurium Due to Excessive Use of Tobacco, 144
Tobacco as an Antizymotic, 73, 231
Tobacco Amblyopia, 102
Tobacco Question, 102
Tonic Spasm of The Diaphragm, 79
Tonsils, Protests against Wholesale Removal of, 94
Traced to its Source, 279
Trephining in Depressed Fracture of the Skull, Early Exploratory, 30
Trichinosis, 24
Trichinosis, Death from, 326
Trichinosis, Prevention of, 156
Trismus Neonatorum, Recovery, 159
Tubal Pregnancy, 149
Tubercle Bacillus, Putrefaction Does not Kill, 164
Tuberculosis, Etiology and Prevention of, 217
Tuberculosis, Some Observations Bearing upon the Infectious Nature of, Walker Schell, M.D., 145
Tuberculosis, The Operative Treatment of, 254
Tuberculosis of Lymphatic Glands, Early Operation in, 384
Tubercular Disease of the Joints, Arsenic in, 320
Tubercular Meningitis, 221.
Tu Tu (Coriaria Ruscifoliar), 123
Typhoid Fever, 221
Typhoid Fever, J. M. Clemens, M. D., 337
Typhoid Fever, R. S. Rutherford, M. D., 369
Typhoid Fever and Bad Water, 278
Typhoid Epidemic, Our, 298
Typho-Malarial Fever, 216
Umbilical Cord, Elastic Ligature for, 358
Umbilical Fistula, Fetal, 149
Umbilical Hemorrhage, Julia Ingram, M. D., 131
United States Medical College, 165
Urates and Uric Acid, Increased Production of, 108
Urea, Formation of, 48
Urethra, Condition of, in Gonorrhea, 23
Urinary Test Papers, 101
Uterine Reflexes, Douglas Morton, A. M., M. D., 49
Uterus, Cleansing of, after Abortion, 142
Uterus, Chronic Inversion of, 303
Uterus, Retention of Laminaria Tents in, 111
Vaccination Death from, 41
Vaccination for Rabies, 185
Vaccination of School Children, 190
Vaginal Hysterectomy for Cancer, The Limits of, 315
Vanderbilt's Gift to Medicine, 278
Varicose Veins. Notes of Four Cases Treated with Hamamelis, 157
Venomous Calf, 232
Ventilation of Dwelling Houses, W. S. Haymond, M. D., 193
Version in Head Presentation, 367
Vestibulum, Vaginal, Anatomy and Pathology, 29
Virchow, Professor, 244
Virus of Rabies, M. Pasteur, 11
Visiting the Sick, The Danger of, 21
Vitality and Cold, 56
Vivisection, 22, 137
Voodooism in the South, 380
Warts, Removal of, 168
Water from Graveyard, Disease Caused by, 124
Why His Manner Changed, 179
Winter, Hemoglobinuria in, 286
Woman Question on the Continent, 168
Yandell, Dr. L. P. (Library), 280
Yellow Fever, 23

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JANUARY 5, 1884.

Original.

A PLEA FOR GREATER SIMPLICITY IN PRACTICAL MEDICINE.*

BY JAMES F. HIBBERD, M. D.

That it is the physician's highest professional obligation to do the things for his patient that his thoughtful judgment has decided to be best is a proposition so obviously true that no one will be found to contest it. If, in the exercise of his soundest discretion, a doctor determines that a person ill should take largely and rapidly of the most perturbating drugs, the doctor should administer them; if, on the contrary, the doctor decides that his patient should not have medicine of any kind, he must as positively hold his hand. And in reaching his conclusion the competent practitioner will scan the whole field before him and permit every thing observed to have its legitimate influence. Sometimes, to insure success, it is necessary to prescribe drugs to meet the prejudices of the patient in their favor, he having already in advance determined that he will have them and has so announced, when but for this prejudice his ailment would not call for such drugs; and, on the other hand, a remedy that the state of his physical condition calls for must be abandoned because in his mental operations he has conceived a binding prejudice against it; and still further, it is sometimes requisite to give or withhold medicines to establish and maintain an essential sentiment of confidence and sympathy in those around the patient and to insure adequate attention to him.

The point in this opening paragraph of our lesson is that the medical practitioner must not only make critical inspection of his patient's person and his mental status and peculiarities, but must also take a critical and comprehensive view of his surroundings as regards both persons and things, take the bearings and measure the force of each item, and from the whole survey determine what is best to be done and then do it in the simplest manner.

Not long since three lads, in a family near Pittsburgh, were the victims of hydrophobia, being attacked one after another, each claiming to have been bitten by a dog. The excitement in the family and among the neighbors was intense. After a discriminating investigation the sharp-witted doctor grasped the situation and, watching his opportunity, bribed the most susceptible of the three boys with a dime to get well himself and expose his two brothers, so that they likewise immediately recovered. But for this lucky acumen of the doctor, who can estimate the amount of curara, nitrite of amyl and other powerful nervines it would have required to prevent an endemic of simulated hydrophobia in young people of the vicinity. The practice in this instance was simplicity itself; the practitioner was an adept in diagnosis, in therapeutics a genius.

But there are many cases wherein the practice appears to be intricate and farfetched rather for the sake of giving the practitioner conspicuity than for the purpose of the highest benefit to the patient. During the current calendar year, W. M. Carpenter, M. D., Pathologist to Bellevue Hospital and an instructor in the University of the City of New York, has published An Index of the Practice of Medicine, purporting to be an epitome of the most advanced knowledge in this department of the healing art. For the treatment of remittent fever the author recommends Warburg's tincture, and he prints the formula for its preparation, which is here copied under the supposition that most of my audience are as uninformed of its ingredients as I was before seeing its composition in this book:

*Read before the Mitchell District Medical Society, Seymour, Ind., December 28, 1883.

"℞ Aloes socotr., ... lb. j;
Rad. rhei (East India), ... }
Sem. angelicæ, ... } āā ℥iv;
Confect. damocratis, ... }
Rad. Helenis (S. Inulæ), ... }
Croci sativi, ... } āā ℥ij;
Sem. fœniculi, ... }
Cret. Preparata, ... }
Rad. gentianæ, ... }
Rad. zedoariæ, ... }
Pip. Cubeb., ... } āā ℥j.
Myrrh. elect., ... }
Camphoræ, ... }
Bolete larices, ... }

"The above ingredients are to be digested with five hundred ounces of proof spirit in a water bath for twelve hours; then expressed and ten ounces of bisulphate of quinine added, the mixture to be replaced in the water bath until all the quinine is dissolved. The liquor when cooled is to be filtered, and is then fit for use. Each half ounce contains seven and one half grains of quinine. The remedy should be given without dilution every two or three hours, all drink being withheld."

Can any man tell what the resulting compound of such a mixture is? Whose acumen can divine *a priori* what is its therapeutic power? And if it prove valuable in the treatment of remittent fever, who shall say that it did better than would the seven and one half grains of quinia, administered simple and alone in corresponding periods? It reminds one of the good old times of Nero, who ordered made the theriaca of Andromachus, of Crete, with its fifty-seven ingredients, which the French increased to seventy-two, and retained the preparation in their official codex until 1866. It also calls up a reminiscence of the beginning days of my professional career. When I had been a student a few months, Dr. Hallock, a phycian from a neighboring town, called on my preceptor and found me cleaning a lot of vials that had been used, first throwing out the remnants of medicines they contained. Dr. H. advised me not to waste these remnants of medicines, but to turn them all into a bottle, irrespective of their nature or quality, and continue the plan until I was ready to practice, at which time I would be ignorant of the contents of the bottle, both as to its ingredients and powers, declaring that in practice I would meet with many ailments so complicated that I could not understand them, and in such cases to prescribe a teaspoonful of the bottle mixture every three hours. The difference between the author of the book and Dr. Hallock is, that the former is apparently serious in recommending Warburg's tincture, while the latter's suggestion was ironical badinage.

Another instance of wide departure from the simple and necessary is met with in the most recent treatise on obstetrics, prepared by Prof. Lusk, of New York. In treating the subject of post-partum hemorrhage, after pointing to the great danger arising from improper attention, and the almost certain success of timely and appropriate management, the author details what he alleges to be the necessary preparation and precaution in every case of labor in these words: "It is my own practice, and one I would urge upon others, to make provision in the simplest of cases against the possible occurrence of hemorrhage. In the beginning of the second stage I examine my Davidson syringe to make sure the valves are in good working order. I then direct a small table to be set by the side of my patient, and place upon it a bowl containing pieces of ice of about the size of a hen's egg, brandy, sulphuric ether, neutral perchloride of iron, carbolic acid, ergot, a solution of morphia, and a hypodermic syringe filled with a fluid extract of ergot, using preferably a watery solution. Within easy reach I likewise have placed a pitcher of hot water, another of cold water, an empty basin containing the Davidson syringe, and a bed-pan. All this requires but a few minutes' time, and it is of no mean advantage to feel, in case hemorrhage follows the birth of the child, that all the appliances for prompt action are in order and close at hand."

This is an astonishing array of the armamentaria of the obstetrician to be provided for every case of parturition. Statistics testify that there is one death from post-partum hemorrhage in every three thousand four hundred and thirty labors. Suppose Dr. Lusk to have an obstetrical case every six days, he would then have to carry with him and arrange this precautionary battery about fifty-six years before having an opportunity to save a life that might not be saved without these appliances.

It must not be assumed that the foregoing examples are selected for the purpose of disparaging the books from which they are quoted. There is no intent of the kind. The books are good books in the main, but like most other good books, contain samples of careless writing, bad logic, and absurd instructions. Does any one doubt that Dr. Carpenter can treat successfully remittent fever without resorting to that unknown stuff, Warburg's tincture? Does any one

doubt that Dr. Lusk can arrest post-partum hemorrhage without that farrago recited, if he can arrest it at all? I trow not. Then why do these men, with abundant opportunity, both by reading and observation, to be learned in the highest and latest evolution of medical knowledge, issue their volumes in the light of the present year teaching such illogical stultiloquy as recited? There can be but little hope of answering this query satisfactorily without giving attention to two important facts. First, that the profession have not a complete knowledge of the natural history of human disease, that is, we do not know what would be the progress and termination of diseases that afflict mankind, if they were left to run their course undisturbed by medicine or management; and, secondly, our method of estimating the effect of remedies in pathological conditions is so imperfect, in the great majority of cases, that intelligent physicians may observe the same processes and conscientiously come to different conclusions.

As a consequent of the first defect in our knowledge, it is assumed that controlling medicines are demanded by every departure from health of importance enough to be characterized as an illness; and, as a consequence of the second defect, teachers, authors, and practitioners have warrant for many irrational extravagances in therapeutics; and the consequence of the two defects, combined with certain egoistic attributes of writers, leads a fraction of them to the belief that to establish their own eminence and make their books worthy of their fame they must have something in them new and striking, even if therefor they strain the science of the day and announce what they can not prove.

So far as the natural history of disease is concerned, it strikes me that an untrammeled observer would conclude unhesitatingly that a thorough knowledge of the course and progress of a disease was an essential prerequisite to a complete understanding of what should be done to alter or amend that course and progress. But it may be forcibly said that such is the complicated structure of the human organization; such the variety of the channels through which the life-force may exert its energy, and so dark these channels; and such the unreliability of our means of judging what phase of this life-force will intervene, and in what strength, that it will always be beyond human acumen to map out in advance what will be the course and progress of human disorders. That there is a large measure of truth in this saying is undeniable, and in exact correspondence with the extent of that measure will be our failure to establish a perfect and complete science of therapeutics. But the saying is not wholly true. There is much of the natural history of disease that we comprehend and act on. We are much wiser in this respect than were our fathers, and our children will be wiser than we. there is not only evolution in this behalf, there is accelerating evolution, and yet so far as present prevision extends, the march toward perfection must be asymptotic, forever approaching, but never arriving.

Because the absolute is unattainable, it should not lessen our ambition to attain the approximate, while the pursuit yields a constant increase of our knowledge and our usefulness. At one time, smallpox, measles, and scarlatina were confounded as one disease; their diagnostic separation has tended to the better management and lessened mortality of each. A hundred years ago the *vis medicatrix naturæ* was a ghost, an immaterial therapeutic edition of the Anima of Stahl, while now, thanks to the labors of Forbes, Bigelow, Bennett, Flint, and their thousand efficient coadjutors less known to fame, the rôle of nature in the restoration of the ailing is regarded as the chief factor in the operation, the one force that does the effective work, while all the intelligent world recognizes that surgery, and medicine, and midwifery are but the helpmeets, the handmaidens to clear away the stumbling-blocks and superintend the healing powers of nature.

It is not, therefore, so much a failure to recognize nature in the management of disease, as it is a disposition to misinterpret her activity and exalt the service of remedies that leads away from the simple and the true in practice.

But, seeing that nature is the chief factor in all our therapeutic success does not still enlighten us as to what nature would do if left to herself, and this is, as already stated, the essential point for us to be fully advised concerning before our system of medication can claim perfection. The great hindrance to our better understanding of what unassisted nature would do with disease, is met with in the almost universal sentiment that any departure from the physiological condition must be met with remedies. And it can not well be otherwise with the fresh accessions to the practicing ranks of the profession. There is not a text-book that

falls into the hands of the student that does more than allude to the natural course of disease undisturbed by medicine, and there is nothing more definite in the teachings from the professor's chair. We can not then expect a conscientious young physician to do other than he has been taught, and there is no remedy for this until some medical college, taking a step in advance of its associates, shall establish a chair of the natural history of disease. Text-books on the subject would then quickly appear, and every medical school in the land would hasten to avail itself of this additional member to its faculty, counting it indispensable to full success in teaching the science of medicine. Not only this, but the tone and tenor of all new books on practice would be modified to meet the advance. Warburg's tincture would disappear from their pages, and tables, pitchers, and basins of sundries would no longer be ordered for the bedside of every parturient woman.

Other good and important effects would follow this desirable innovation on present methods. The people themselves, always taking their cue from the doctors, would presently come to understand that it was not only unnecessary, but that it was harmful to constantly resort to the pills, powders, and liquids of their medicine closet for every slight ailment that besets any member of the household; and further yet, they would soon realize that to buy and imbibe every nostrum recommended by almanacs, stereotype advertisements, and mountebanks from illuminated wagons on street corners was not only a waste of money but in many instances the ruination of health. Miraculous cures would no longer occur from animal magnetism, from the laying on of hands, from prayer, from incantation, from the use of the madstone or other abracadabra. Not that disordered persons will not be sometimes restored by one or another of these means, but the restoration will not be miraculous, all intelligent people being fully advised that the result witnessed is the legitimate effect on the nervous system of the means made use of.

Perhaps it may be esteemed unjust by those who have not devoted much reflection to the subject to charge the medical fraternity with the responsibility of the induction of the impostures of the charlatan, the excessive haphazard medication in domestic circles, and the vagaries pertaining to the neuroses, but the position can be sustained by the logic of facts. There are but few regular physicians who intimate to the public or to the people who employ them that medicine is not always needed by persons who are ill, nor that drugs may be harmful as well as beneficial, unless it be that they berate the drugs prescribed by the disciples of other schools of medicine, or by the invalids themselves; and all irregular practitioners constantly proclaim the necessity of drugs, and also assert, for the most part, that what they use are in the nature of specifics, and that the majority of those used by regular physicians are poisons. It is consequently apparent, that from all classes of practitioners the populace are under a constant fire of both words and actions to impress them with the conviction that whenever they are the least off of their standard balance of health they must take medicine, and the sooner the better. Under such schooling it is no marvel that the prudent mother maintains a well stored druggery in the corner of a convenient cupboard, nor that the family physician is occasionally occupied for four days in subduing a gastro-enteritis induced in one of the children by the mother's overdosing it with hive-syrup to cure a fancied croup, but which was in fact a tracheal catarrh with dyspnea, that would have subsided spontaneously in six hours if left to nature.

It is not the intention of doctors of any school to produce the effect described; the aim is generally to impress the people with the great good of employing the particular doctor who is talking, or in a little less selfish spirit, insisting upon the superiority of the medicines made use of by the class of doctors to which he belongs.

In this professional bearing toward the public no exception is made in favor of the regular physician, for he goes with the current, too often apparently forgetting that nature is supreme and art auxiliary, and being no more willing than his irregular confrères to fling out to the breeze for the observation of the world and for its benefit a broad banner inscribed with this motto of scientific accuracy: "All medicine is an evil, and to be resorted to only for the purpose of relieving a greater evil."

In behalf of simplicity in practical medicine there is another matter that should be discussed at least. It is the influence of a man's mental operations on his physical condition. Reference is not here had to the relations of body and mind, scientifically treated by Maudsley and others, but to that social habit, constant with all classes of

people when they meet, of inquiring after one another's health. There is not much impression made on either party by the simple "How do you do?" and "Very well, I thank you," but there is an extension of the practice which leads two or more persons who sit down for a chat to carry on a conversation in this strain until each has recounted every ache and pain and new sensation, real or imaginary, that has been felt for an indefinite period. And this exercise is not confined to laymen, there are a legion of physicians who not only exchange these fascinating narratives with their patients, but insist on rehearsing them to all their confrères as they meet them day by day. Each of my auditors is doubtlessly acquainted with a Doctor Blank, who informs him in solemn tones and with serious countenance on one day that he could not sleep the previous night for a lancinating neuralgia in the infra-orbital nerve; on the next, that he has a savage rheumatism in his left leg; on the third, that he has tormenting colic pains in his bowels and dreads inflammation; then that he has had no appetite for a week, and again that he is quite sure he is just at the end of a masked intermittent fever, or a walking typhoid, and so on *ad infinitum*. A doctor usually confines his jeremiads to definite disorders, but the laymen generally load with grape and make a scattering shot covering all the ills that flesh is heir to within their vocabulary.

Surely this constant speech about errors of health, real or imaginary, must have a tendency to disturb the physiological balance of whoever indulges in it. We have abundant testimony that persons may be acutely diseased through an active faith that the disorder has seized them. How many persons have perished through fear, in the presence of cholera? Did not the butcher, who fell from his loft and caught his leg on one of his great hooks, faint through loss of blood that he felt trickling down into his boot, and yet on examination it was shown the hook had only caught in the top of the boot, not having touched the skin any where? Did not the Processeur-General of France have to be assisted from the room, because in the presence of a corpse he always fainted; and yet, when opened, the little coffin that was supposed to contain the remains of a murdered child was found to be filled with saw-dust and never had a dead child in it, in fact no child had been murdered? If these things be true in affairs with quick results, may we not logically conclude that continual thought and constant talk about less active disorders may presently induce some pathological disturbance?

However this may be, it is understood to be an offense against correct culture in refined society for one to speak of his distempers as a part of general social intercourse. All pertaining to this theme is held for the medical adviser and immediate attendants. Perhaps the best way for people to obtain credit for good breeding and at the same time avoid a possible evil to good health would be for all persons to discard positively all allusion to the sanitary state of the parties in conversation, and regard all illness as a disgrace arising from the bad habits of themselves or their ancestors and to be concealed, like any other family skeleton, in the darkest closet at their command.

Routine practice can not always be proven open to the charge of a violation of simplicity, but it is never science—and pure science in practice is what I am pleading for. The eminent London physician who in the olden time had his prescriptions dispensed from a rear room by an employé, so constantly directed emetics and purgatives that two great jars were provided to hold liquids for this purpose, while small bottles were sufficient to contain all other drugs he ordered. A distinguished surgeon, with whose practice I was somewhat familiar twenty-five years ago, invariably ordered iodide of ammonium as an internal medicine unless there were special indications observed that changed his custom. Probably most practitioners at this time have a few drugs that, almost as a matter of course, they prescribe as a habit of routine in a large percentage of their cases. Now I fancy that each of you present is mentally exclaiming, No, that do n't mean me. But hold, at least a portion of you have more or less resemblance to my friend Dr. X, who, when I asked him what his routine drugs were, replied with a slight tinge of indignation that he had none. But, Dr. X, I said, you made five prescriptions last week for as many different neurotic disorders, and cimicifuga was the basis of every one of them; about the same time you prescribed for seven different diseases, each one accompanied by a marked degree of fever, and for the fever you prescribed aconite in each case; your partner during the same period prescribing hydrobromic acid in nearly an equal number of similar cases. And have you within a year prescribed any thing but "sugar powder" for constipation in a child under six years of

age? Well, rejoined Dr. X, slowly, that's so; and if that's what you mean by routine, I'm guilty. I was not cognizant of this peculiarity of my prescription before; but it's the easiest and nicest way to practice medicine. Of course you all see the application.

An extension of routine may be suitably characterized as fashion. Large numbers of practitioners following the *ipse dixit* of some real or factitious great man constitute a fashion. Fashions in therapeutics are very fashionable. Thirty years ago it was the fashion to bleed every patient who was ill of a fever or an inflammation, and to begin the treatment of most acute diseases with a dose of ten and ten, that is, ten grains each of calomel and jalap. Twenty years since, after Fuller, it was the fashion to treat rheumatism with alkalies; now, following Maclagan, it is the fashion to treat it with the salicyl salts. My friend Dr. Sheets graduated in New York about 1853, and ten years later spent several weeks in that city visiting the colleges, hospitals, and clinics. On his return to Indiana he called on me and narrated a number of instructive items —among them this: Having a *penchant* for ophthalmology when a student, he was a frequent attendant at the large infirmaries for treatment of the eye, and always afterward carried a mental picture of benches full of patients with cups on their temples as thick as they could be placed. When he called at these infirmaries during this visit there was a new order of things. The oculists were there, and the benches full of patients, but no cups on the temples. In their stead the temples had all been painted with iodine. The fashion had changed.

Therapeutic fashions that are mild and conservative are not more objectionable than routine with the same characteristics. But fashions of this order are either infrequent or short-lived, as the tendency in the disciples of a new mode is to extravagance, and they are apt to outstrip the prophet who originated it, killing it with their extravagance, or establishing a new mode in its stead. This phase of fashion's forming is diametrically opposed to simplicity in practice; it is, in truth, a huge stumbling-block in the path of the progress of scientific therapeutics.

Not long since, in preparing a paper on the treatment of typhoid fever, I made some study of the recent literature on the subject, and arrived at the conclusion that the best trained minds in the profession had discarded some of the most extravagant methods of management that were the mode a decade ago. A paper was read at the last meeting of the Tri-State Medical Society on "The Antipyretic Treatment of Typhoid Fever." It was a carefully prepared and well delivered dissertation, detailing its author's experience in the management of typhoid fever with cold baths and quinia. It was a pleasant illustration of the overflowing enthusiasm of an energetic practitioner with a (to him) fresh line of practice, in a frequent and serious disease. That there should be a lingering devotee of the faded fashion to write was not astonishing, but it was a genuine surprise to find a number of active practitioners promptly rising, in quick succession, to affirm the conclusions of the essayist, and citing each his own experience as the sufficient evidence of their correctness.

The plan of treatment advocated was substantially that introduced into this country through the American edition of the great work of Ziemssen; but, as stated above, I supposed its extravagant terms had already led to its abandonment by the great body of practitioners.

There is a lesson in the history of the fashions that have had sway in the treatment of typhoid fever for the last fifty years, and I will briefly recite their salient angles for our improvement. The score of authors whose views I epitomize have been leading men in their day (except, perhaps, the last, whose book is the child of the present year, and is an index of current opinions), and each is to be regarded, as he is, in fact, an exponent of the views of a large class of predecessors, contemporaries, and followers, and makes his declarations after the most ample opportunities for observation and the fullest experience.

Bartlett's classical work on the Fevers of the United States was first published in 1847; a second edition, edited by Alonzo Clark, M. D., was issued in 1856. Before Bartlett wrote, the distinction between typhus and typhoid fever had already been fully accepted, and in introducing the treatment of a number of representative men, he does it in this language: "Various, and to some extent opposite, modes of management have been adopted by different practitioners; they have been conducted on a large scale, for the most part in a fair and impartial spirit, and under circumstances favorable to the discovery of the truth; but they have not yet resulted in the establish-

ment of any uniform and satisfactory method of treatment. There is no unanimity in the opinions and conduct of different practitioners."

Dr. Jackson, of Boston, urges free evacuations with tartarized antimony and calomel, then venesection, and this to be followed with more antimony every two hours, in increasing doses, for two weeks.

Dr. Nathan Smith condemns the antimony, calomel, and bleeding treatment, and all perturbating remedies, trusting to nature, diluent drinks, and farinaceous food.

Chomel's treatment is tentative or symptomatic, relying on nature and refreshing drinks. For some years he regarded sodium chloride as a specific, but ultimately made a manly retraction, acknowledging his error.

Louis relied, for the most part, on venesection, less or more, according to the vigor of the patient, continued for two weeks, and then trusting to drinks.

Bouillaud bled *coup sur coup*, and applied leeches and cups between the venesections. He claimed extraordinary success.

De Larrouque came upon the stage in the fading days of the doctrine of Broussais, which had forbidden the use of emetics and cathartics for all purposes in the Paris hospitals for fifteen or twenty years. He revised the evacuant method, administering antimonial wine as an emetic, and seidlitz water, castor oil, and calomel as purgatives.

Huss, of Stockholm, opposed bleeding and evacuants, gave phosphoric acid as a febrifuge, and camphor, musk, etc., as stimulants.

Bartlett further recites the alum treatment by Barthez and others, Dr. Gerhard's blue pill and castor oil, Dr. Dundas's large and frequently repeated doses of quinia, which Dr. Peacock, after ample experience in St. Thomas's Hospital, decided did no good, and often harm, then announces his own conclusion, that the management of typhoid "must be eclectic and rational, not exclusive and specific," quoting approvingly the words of Burserius, to wit: "For the less the operations of nature are disturbed by art, the milder and safer the remedies we employ are, the more successfully do we restore the patient's health." Dr. Bartlett was a wise physcian; Dr. Alonzo Clark was another.

About the time of the second edition of Bartlett, Dr. Geo B. Wood's practice came on the carpet, and was popular. He recommended bleeding, calomel to salivation, and, above all, turpentine. Turpentine had been applied externally by others, but Dr. Wood discovered it as an internal remedy, and pushed it *ad nauseam*.

Dr. Bennett, of Edinburgh, gave two hundred and five grams of quinia in two days, and thought it produced alarming prostration.

Dr. Flint makes no distinction in the treatment of typhus and typhoid fevers, regards large doses of quinia injurious, except for reducing temperature, but thinks wet sheets should have a fair trial, and may prove useful.

Niemeyer has found that cold baths and wet sheets reduce the temperature, but at the same time increase the production of heat and cause dangerous prostration. He, however, approves of Ziemssen's method of baths, or wet sheets applied ten degrees cooler than the patient, and while applied reducing the temperature, say, twenty-six degrees. He also objects, on his experience, to large doses of quinia, but approves of doses of one or two grains.

Roberts favors mineral acids and small doses of quinia, and objects to the routine hydropathic treatment, alleging that "there are grave objections to its adoption."

Bartholow prefers ten grains of calomel in one dose every day, or every alternate day, according to the temperature, for the first week, and three to five minims of Lugol's iodine three times a day for two weeks, or up to convalescence. This he speaks of as the German specific method, and, relying on Liebermeister's statistics, deems it good. Under certain symptoms cold baths may be applied, but there are several contra-indications. Twenty grains of quinia every four hours is commended, and the cautious use of digitalis favored.

Carpenter has a long catalogue of remedies, one or more for each threatening symptom. He thinks cold permissible, but it must be applied with care and discrimination; he objects to the calomel treatment, and mentions iodine as a drug to which some practitioners have resorted.

These twenty-two authorities have been quoted in an approach to chronological order, but there is no pretense that this statement covers the whole therapeutic scheme of any one of the authors mentioned. The service aimed at is to present the leading features of each as an examplar of and a commentary on the variety of methods which have been and now are in vogue in the treatment of typhoid fever, each, as a

rule, claimed by its introducer or chief disciple to be superior to all others, and appealing to statistics to prove the superiority. And in the face of this exhibit is it not obvious to every discriminating mind that the heroic treatment of typhoid fever of to-day has no more justification than similar perturbating management had in the time of Bartlett; and shall we not now, in the interest of science and humanity, join him in the sentiment so tersely stated by Burserius, viz: "For the less the operations of nature are disturbed by art, the milder and safer the remedies we employ are, the more successfully do we restore the patient's health."

And do not the facts of this review constitute a superlative plea for greater simplicity in practical medicine? And with the lesson of this history pervading my mind, was it any marvel that I was surprised when the several members of the Tri-States Society so promptly indorsed from their personal experience the enthusiastic extravagance of the eloquent essayist? Not that Tri-States members were presumed not to follow fashions in therapeutics; members of all societies and no society must do that; but because the treatment of typhoid fever since its recognition has progressed in alternating cycles of heroic and mild management, it was my understanding that with the best practitioners a mild cycle was now dominant, and I had supposed the auditors of that meeting to be fully in accord with the better state of affairs. This was, however, apparently a delusion.

As a recapitulation of the chief points set forth in this essay, I present the following aphorisms as my professional creed. I believe:

That every physician should have an abiding faith in the power and the value and the necessity of medicine.

That all medicine that has force enough to do good if rightly given, may do evil if wrongly given.

That medicine should not be prescribed unless a clear necessity is recognized for its employment.

That this necessity may arise from the patient's physical condition, from the patient's mental condition, or from the mental condition of others.

That in all cases the least disturbing remedies that will meet the indications should be prescribed.

That in all illnesses nature is the grand factor in restoring health; the role of art is that of an auxiliary and assistant.

That much thought and talk about disorders may be a cause of ill-health in the parties so thinking and talking, and is at least a mark of ill-breeding, and a lack of good manners.

That details of personal distempers should only be made to the physician for his guidance, or to attendants as an aid to nursing.

That routine in practice is never scientific, and is liable to be mischievous.

That fashions in therapeutics should be followed only when the new mode has the sanction of one's scientific knowledge, or is sustained by unimpeachable testimony.

That the guiding motto of every medical practitioner should be, "All diseases should be trusted to nature where art can not declare an assured benefit by intervening."

That evolution in the direction pleaded for in this paper must come through the experience of the gray-beards in the profession; the young physician must practice what he has been taught, and he neither sees in a text-book nor hears from a professor's chair a remembered plea for simplicity in medical practice.

RICHMOND, IND.

NIGHT-BLINDNESS FROM MIASMATIC INFLUENCES.—Zimmermann's cases (Arch. of Ophthal.) were observed in a family of four children, who previously were all healthy. After taking a house in a low situation and close to a sewer, the father suddenly fell ill from typhoid fever, and the children were attacked by intermittent fever together with hemeralopia. The ophthalmoscope showed no alteration of the fundus. The fever disappeared after administration of quinine, but the night-blindness persisted, despite all treatment, until the family had left the house and moved to a higher locality in a healthy part of the city. Then a rapid improvement was observed, and in two weeks the hemeralopia entirely disappeared and did not return.

THE FUNCTION OF THE SPLEEN.—The physiology of the spleen, like the source of the Nile, is an ignis fatuus that has thus far succeeded in eluding the grasp of the physiologist. Dr. C. S. Ray claims that this organ is the seat of perfectly rhythmical contractions and dilatations, independently of cardiac and respiratory movements, and that it may be regarded as a "portal heart." This suggestion may aid in determining its physiology.—*Med. and Surg. Reporter.*

Miscellany.

No Cure for Cholera.—D. J. B. Hamilton, Surgeon-Major, writing in the Lancet, after showing that treating cholera by vesical injections is neither new nor useful, says: Let us look the truth in the face and acknowledge (not with shame, for our profession has never spared itself in the cause) that as yet we practically know nothing of Asiatic cholera and its treatment. This may seem a bold assertion in the face of recent discoveries; but, I repeat, we know practically nothing of true cholera.

In the premonitory stage, perfect rest on the back, opium with dilute sulphuric acid and external stimulants in the shape of mustard and turpentine, with ice to suck, and no food beyond a little milk, arrowroot, and broth, have in my hands been most successful when once cholera has developed; and by cholera I mean the stage of collapse, as indicated by cramps, rice-water stools, lividity of features, small or almost imperceptible pulse, and, above all, coldness of tongue and breath. I believe that drugs given internally are not only useless, but positively injurious.

Let us see what is the condition of the intestinal tract in cholera. To put it briefly, its functions are reversed, and instead of absorption taking place from the intestines into the blood, an exactly opposite action is progressing, viz., an exosmose into the intestinal tract of the serum of the blood. This may not be a very scientific way of putting it, but it is practically what is occurring, and I ask, if absorption from the intestines is not going on, how can medicines, broths, stimulants, etc., be assimilated? If not absorbed, what becomes of them? If the patient be fortunate enough to vomit (and this is not always the case), nature gets rid of the objectionable matter; if, on the other hand, the medicine, food, etc., have remained in the stomach and have not been evacuated by either vomiting or purging, and the patient passes into the stage of reaction, what takes place? Why, the opium, the calomel, the brandy, the champagne, the extract of meat, etc., become absorbed, and at the very stage one would desire the intestinal tract and kidneys to be in a state of rest they are endeavoring to get rid of what should never have been there.

In the stage of collapse, ice to suck and soda-water to drink should be the limit of our internal treatment. Externally, no doubt, some good may be done. The heat of the surface of the body should be maintained by means of hot-water bottles. Mustard plasters may be applied over the nerve-centers; hypodermic injections of morphia over the stomach allay sickness, and chloral injected into the muscles relieves cramp. Then, when reaction sets in, if happily it does, we are able to start fair with our patients, without being handicapped by having to combat the effects of our previous well-meant but injudicious administrations.

Another Milk Epidemic.—In the village of Strichen, near Aberdeen, Scotland, says the Lancet of December 1st, there is at present in progress a sharp epidemic of typhoid fever, due to the use of milk from a tainted source. No fewer than twenty cases had occurred in different families, and all were traceable to a farm whence the milk came, and where there were cases of typhoid. These constantly recurring epidemics in the villages and rural districts of Scotland have become a national disgrace, there being next to no sanitary supervision exercised, and the health of the community being left to blind chance. When shall we be supplied with responsible medical officers for these extensive and totally insanitary localities?

Syphilis in the Tropics.—At the recent meeting of the International Congress of Colonial Physicians, held at Amsterdam, M. Catrin, of the medical corps of the French army, dwelt upon the special severity of tertiary syphilis in hot climates. In one hundred and fifty-two cases there were fifty-two of perforation of the palate. In general, he thought syphilis was most severe where malaria was most intense.—*N. Y. Medical Journal.*

[The prevailing belief has long been that syphilis is far milder in hot than in cold climates. The truth is, syphilis is milder in the healthiest countries and in individuals whose general health and habits are the best. All the malarias, and alcohol, poor food, poor lodging, with whatever impoverishes the blood, aggravate syphilis.]

Colorless Iodine.—Mr. H. A. Lawton writes, in the Lancet: The easiest way to decolorize iodine is to add forty minims of a saturated solution of hyposulphite of soda to each fluid ounce of tincture of iodine. Forty minims of the saturated solution contain about thirty-two grains of sodic hyposulphite.

The Louisville Medical News.

Vol. XVII. SATURDAY, JAN. 5, 1884. No. 1

L. P. YANDELL, M.D., - - - - - - - }
H. A. COTTELL, M.D., - - - - - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

ANOTHER YEAR.

With this issue the NEWS enters its seventeenth volume, and its ninth year. Founded by the lamented Cowling in 1876—the first and only weekly medical journal published south of the Ohio—the new candidate for professional favor found itself surrounded by many old and influential journals, who, holding the field with a strong hand, were doubtful as to whether the new arrival from Kentucky should be looked upon as an intruder or an ally. This question, however, remained open for a short time only. Indeed, with its first issue the NEWS lifted a curtain behind which lay the machinery of a great sham, and plunged into a controversy unparalleled in the annals of American journalism. Its ability to do sterling work in this department at least was soon demonstrated, and its contemporaries soon saw that truly a "second Daniel had come to judgment." Others were in turn attacked; the strife ran high, but the shams tumbled, and the workman and his work became a part of the history of American Medicine.

This was a triumph of no little importance; but it could not be said to make a permanent place for the journal, since the necessity for controversial work was removed in little more than a year's time, and the NEWS was called upon to build again, and upon a different basis. As a candidate for professional favor in the department of scientific medical literature, the journal, under the same bold spirit, soon asserted and established its claim, steadily increasing in worth and influence until, at the death of its able and brilliant founder in 1881, it had realized his hope, and, crowned with success, stood high in the ranks of American journalism.

The prestige thus attained enabled it to survive this its greatest loss, while the careful and conscientious carrying forward of its founder's principles by its editors, generous aid through its contributors, hearty support by its subscribers and advertisers, and the able management of its publishers, have made it possible to enlarge the journal without raising the price of subscription, and to otherwise materially increase its sphere of usefulness.

With a satisfactory retrospect and a pleasing prospect, we wish our friends a Happy New Year, and promise that no pains shall be spared to make the relations which are to exist between editor and reader during 1884 as agreeable and profitable as they may have been in any of the eight bright years which have marked the life of the Louisville Medical News.

INDEX MEDICUS.

A circular from its publishers informs us that the Index Medicus will be discontinued unless some immediate assurance is given that it shall receive, during the coming year at least, an approximate support from the profession at large. The mere cost of production is $5,000 per annum, while the maximum return for subscriptions at six dollars per annum has not exceeded $3,600. This deficit has been made up by special contributions from a few physicians who have the welfare of the enterprise at heart; but the publisher feels that the Index can

no longer justly be supported in this way. In consequence of its small circulation (there being scarcely six hundred subscribers), the publication can have but little income from its advertisements; and it is certain that unless more subscribers are immediately forthcoming, or the present subscribers are willing to pay for it at a higher rate, the Index Medicus must go to the wall.

The following questions are submitted by the publisher to the present subscribers, which, it is hoped, will receive a prompt and favorable response:

1. If the future subscription price of the Index Medicus is fixed at $10 per annum, are you willing to renew your subscription for 1884 at that rate?

2. Should not five hundred subscribers renew at $10, will you be one of four hundred and seventeen who are willing to renew at $12?

The necessity of the Index Medicus to the proper utilization of our immense store of periodical literature need not be argued here. Foreign writers in medicine hold such publications in high esteem, and if there can not be found in the United States, among the host of book-makers, contributors to journals, lecturers, and writers of papers for medical societies, at least one thousand medical men who are willing to invest $6 yearly in this work, we shall say that our writers are strangely negligent of an invaluable source of information, while there is danger that our medical literature shall lack that solidity of structure which can be had only through the medium of a well ordered bibliography.

ARCHIVES OF PEDIATRICS.

"A new face at the door."

The first number of this new periodical is before us. It is an octavo of sixty-four pages, handsomely printed, and in contents fully sustains the promise put forth in its advertisement, which has appeared for several issues upon our first advertising page.

This number contains an article on convulsions in children, by Prof. William T. Plant, M. D.; a report of fifteen cases of tracheotomy for croup, by D. C. Cocks, A. M., M. D.; a clinical lecture on chronic gastro-intestinal catarrh in children, by Louis Starr, M. D.; clinical memoranda, relating to expiratory dyspnea from enlarged bronchial glands in a case of general tuberculosis and emphysema, by William Northrup, A. M., M. D.; twelve pages of valuable translations from the French and German; sixteen pages of carefully made abstracts.

During the present decade, no department of medicine has made more marked advancement than diseases of children, and an American journal devoted exclusively to its discussion has in consequence become almost a necessity to the practitioner.

Aside from the testimony of its first issue, it may be said, that if an able corps of editors and a list of eminent contributors can give worth and weight to a journal, the Archives of Pediatrics bids fair to stand among the most valuable publications in American periodical literature.

AWAKE OR ASLEEP.—Said an Irish coroner: "Can you tell us, Doctor, if the deceased were awake or asleep at the moment of his death?" His countryman replied, "It is very difficult to say, but possibly he awoke to find himself dead."

This recalls the refrain of an ancient song,

"And the old sow found herself and her six pigs dead,
When she waked in the morning."

APHASIA.—In the *Gaz. Médicale de Paris*, November 24th, a case of aphasia with integrity of the third left frontal convolution, but with damage of the subjacent white matter, is recorded.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from December 22, 1883, to December 29, 1883. No changes.

Medical Societies.

MITCHELL DISTRICT MEDICAL SOCIETY.

The twenty-fifth semi-annual meeting of this practical society was held at Seymour, Indiana, on December 27th and 28th last. About fifty members were present.

About twelve or thirteen years ago a few of the medical pioneers of Southern Indiana were taken with the absurd idea that a society of medical men could exist without the fostering care of ethical guardians or the nourishing soup of parliamentary sauces, so they called together the doctors living in that district, known in the early history of the colonies as "Mitchell District," now comprising about twenty-two counties—and thus sprang into existence one of the most practical working medical societies of the Southwest, and from this society sprang the popular Tri-State Medical Society of Indiana, Kentucky, and Illinois, which was intended to carry out the same principles more universally.

The meetings of the Mitchell District Society will be held hereafter at Mitchell and Seymour in June and December of each year respectively.

The morning meeting was called to order by Dr. Walls, of Shoals, Vice-President. During the rest of the meetings Dr. T. S. Galbraith, President of the Society, presided.

Dr. S. A. Rariden, of Bedford, was called upon to fill a vacant half hour in the morning. He reported a case of typhoid fever, at present under his care, which departed in many particulars from the typical typhoid fevers of text-books. No eruption had ever been noticed on the body. The thermometer showed a steady, uniform increase of temperature for the first two or three weeks, then a gradual decline of the same. And all this in spite of any medicines which he administered to reduce the fever. The bowels moved daily, but there was a tendency to constipation, and decided sluggishness of the portal circulation. For this last condition he gave calomel, about five grains with sugar, and he thought this was about the only remedy which yielded any definite beneficial results. He did not know how the patient contracted the disease.

Dr. McCoy, of Lancaster, reported nineteen cases of the disease, of a very virulent type, with eight deaths. Nine of these patients had been drinking water from an infected spring. About fifty feet from this spring was a school-house privy, which was proven to have a subterranean communication with the spring. He treated his cases with the sponge bath and antipyretic doses of quinia, twenty grains every four or five hours, until the temperature was reduced at least to 103°, the danger, in the opinion of pathologists, being from heart-failure due to continued high temperature.

Dr. Oppenheimer, of Seymour, said that he could corroborate the statement of Dr. Rariden concerning the beneficial action of a decided dose of calomel (not over five grains) when such symptoms presented themselves in typhoid fever as dry, cracked tongue, excessive sordes, black tarry stools, dry, harsh skin, with a pulse not too weak. He was in the habit of giving calomel with sodium bicarbonate in one-tenth-grain doses every hour until it acted. He believed that calomel should never be given without the addition of soda.

Dr. Hibberd, of Richmond, spoke of the prevalent neglect of physicians in studying the natural course of diseases. He did not believe that heart-failure in typhoid fever was due to the high temperature any more than were the local lesions in the intestinal canal; and, if so, why did not the same things obtain in scarlatina, where the temperature goes much higher. He believed that the fever was due to the specific poison, as were also the lesions, and that every case of typhoid fever was contracted directly or indirectly from matters that had passed through the intestinal canal of another person with the disease.

Dr. Haughton, of Indianapolis, said that the reason why heart-failure does not occur in scarlatina is because of the shorter duration of the disease. Where this or any other fever persisted the heart would become as much degenerated as in the case of typhoid fever, fatty degeneration of the striped muscular fibers being of common occurrence in continued fevers.

Pursuant to a motion by Dr. G. W. Burton, of Mitchell, four committees were appointed to report at the next meeting on typhoid fever: one on its pathology, one on its etiology, one on its prevention, and the last on treatment.

Dr. Jas. F. Hibberd, of Richmond, then read a paper entitled, "A Plea for Greater Simplicity in Practical Medicine [published in this issue of the NEWS]. As suggested by the title, this essay strives to impress the practitioner with the necessity of studying the course and behavior of dis-

eases as they occur when uninterrupted by medicines. He believed that such a study would greatly reduce the administration of heroic treatment, and would yield better fruits than we now can claim.

The paper was discussed by Drs. Haughton, Rariden, and Gaddy.

Dr. H. Stillson, of Bedford, read a concise paper on the Pronunciation of Medical Terms (which will appear in the NEWS). In discussing this admirable paper it was evident that most of the members preferred to cling to the more euphonious pronunciation of words rather than to the correct ones.

In the evening the hall was thrown open to the laity, who came to hear Dr. Lunsford P. Yandell, of Louisville, discourse upon the Curability of Consumption. The hall was filled with the most intelligent portion of the city; and, if the public can be believed, Dr. Yandell made a lasting, agreeable impression, not only by the subject matter itself, but also by the elegant and impressive manner in which he delivered it. Of course the doctors did not all indorse the views of the disease given by Dr. Yandell, but all expressed themselves pleased with his lecture. In speaking of the treatment by inhalations, by antiseptics, etc., Dr. Y. classed them with *placebos*, stating that they were of benefit but rarely, and then only by their mental influence. He believed that Listerism, carbolic acid, and all these so-called antiseptics are fast dying out.

Dr. G. V. Woolen, of Indianapolis, was then called upon to read his paper on the Antiseptic Treatment of Pulmonary Consumption. Dr. Woolen's method consists in saturating a concavo-convex sponge with a five-per-cent solution of pure carbolic acid. This is to be worn constantly over the nose and mouth; a rubber which passes around the head maintains it in position. He also administers tonics, etc., with the above treatment, and claims several cures that have resulted from this method of treatment.

The subject was discussed by Drs. Reynolds, of Louisville, Thompson and Comingore, of Indianapolis.

Impaired Sight and its Causes, by Dr. E. Williams, of Cincinnati, was next read. The writer distinguished between imperfect sight consequent upon age, etc., and impaired vision. The paper briefly covered the most of the field of acute and subacute diseases of the eye and lids, and their treatment.

Examination of the Eyes and Ears of Applicants for Pensions was the title of a paper by Dr. J. L. Thompson, of Indianapolis. The author detailed a simplified method of examining eyes, which could be carried out by the general practitioner, home practice being, however, necessary.

Dr. Dudley S. Reynolds, of Louisville, exhibited an eyeball which he had removed the day before, and made some practical remarks on enucleation, stating, among other things, that a blind eye should always be a source of fear for the safety of its sound fellow, that enucleation should not be delayed until the sound eye began to show signs of failure. He also said that an artificial eye should be inserted at the end of twenty-four hours after enucleation.

Prognosis in various forms of Paralysis, by Dr. Philip Zenner, of Cincinnati, was a short, useful paper, and will duly appear in the NEWS. The author, although yet a very young man, treated the subject in a most able manner.

The Proper Treatment of Operative Wounds, by Dr. R. E. Haughton, of Indianapolis, was a very elaborate and scientific essay.

Diphtheria, as it appeared in Indiana during the past year, was a statistical compendium by Dr. E. S. Elder, of Indianapolis. It was ordered to be put into a practical shape for public distribution.

Surgical Treatment of Chronic Sciatica, by Dr. J. A Comingore, of Indianapolis, was the name of the next paper. The author treated three cases which had resisted cauteries, opiates, hypodermics, galvanism, etc. With rest, preferably plaster-of-paris bandages applied as high as the waist, he states that all three of them were relieved almost entirely on the spot. All recovered perfectly under the effect of the bandage.

Craze in Medicine, by Dr. J. S. Arwine, of Columbus, was the title of a paper which called attention to the periods in the history of medicine which might be more leniently termed "hobbyisms." For instance, the doctor called attention to the "calomel craze," and the "bleeding, purging, and puking craze," and latterly to the "quinine and malaria craze," etc.

Remarks on the life of Dr. J. W. F. Gerrish were made by Dr. S. E. Rariden, of Bedford. The zeal of Dr. Gerrish in promoting the interests of this society and his leadership in the cause of temperance in this country were commended and affectionately dwelt upon. Drs. Reynolds and

Burton made a few further remarks on the character of the deceased surgeon, after which the meeting adjourned.

L. S. OPPENHEIMER.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Editors Louisville Medical News:

When, about five years ago, Professor Ball was appointed to the Chair of Clinical Pathology of Mental Diseases at the Sainte Anne Asylum, the nomination caused some disaffection among those who had acquired a certain reputation in this particular branch, and consequently considered that they had greater claims to the appointment. Professor Ball was looked upon as an interloper, as it was thought that he did not possess the requisite qualifications for such a difficult, delicate, and responsible position, as he had never displayed any particular aptitude for this specialty. It was even said that, as an act of favoritism, the chair was created on purpose for him, as there was no actual need for it, there having been already other clinics in Paris for such affections with efficient men at their head. Be this as it may, Professor Ball has quite justified the opportuneness of the appointment and the sagacity of those who nominated him, as his clinic is well attended and his lectures are greatly appreciated, even by his adversaries. His inaugural lecture caused no small sensation, as he displayed qualities that were scarcely expected of him, and proved to demonstration that here at least he was the right man in the right place.

At his opening lecture last winter, Professor Ball selected for his subject "*Les frontierès de la Folie*," or the border-land of insanity. Here the professor admitted that it was most difficult, and in some cases impossible, to draw the line of demarkation between sane and insane persons, as their acts and demeanor differ so little that even the most competent experts are unable to say where sanity ends and insanity begins. In fact I can not do better than transcribe for the benefit of your readers the conclusions of Professor Ball on the subject, which, although a year old, have not lost an iota of their interest or importance:

"We are surrounded by persons who occupy a more or less elevated position in society, who follow their occupations, fulfill in appearance their several duties—but whose intelligence, nevertheless, presents certain weak points, who manifest conceptions really incoherent, and whose impulsions are altogether senseless, and yet it is impossible to consider them fit subjects to be shut up in an asylum, as they can not be categorically classed among lunatics. It is no doubt a terrible feeling to think that the engine-driver of a train in which we have taken our places is subject to hallucinations; that the lawyer we go to consult is perhaps affected with insanity of doubt (*la folie du doute*), and that the notary who has the management of our affairs has perhaps made a compact with the Creator of the Universe. But we must make up our minds to resign ourselves to these contingencies. These semi-lunatics not only often attain high positions, but they occasionally exercise an incontestable influence on those about them, on their country, on the age in which they live. The hallucinations of Joan of Arc performed a miracle which the heroism of thousands of captains could not realize; and, among the celebrated men who completely revolutionized their period, there are many who, if not absolutely mad, were at least half mad. In fact, the mental condition of these creatures being placed on the extreme limit of reason and of madness, they are often found to be more intelligent than others; they are in particular of a devouring activity, precisely because they are in a constant state of agitation; in fine, they possess a powerful originality, as their brain swarms with ideas absolutely original. Read history, and you will see it is particularly those who have revolutionized the world, founded new religions, created and upset empires, saved nations if they did not ruin them, and left their impress on the science, the literature, and on the manners of their country, and of their time. Civilization would often remain in arrears if there were no mad people to push it on. Let us, then, know how to render homage to insanity, and to acknowledge in it one of the principal agents of progress in civilized societies, and one of the greatest forces which govern humanity." This may be gratifying to lunatics or their friends, but little comforting to the sane portion of the community.

In opening this winter's course Professor Ball announces that he will deliver a series of lectures in which he proposes to demonstrate the reality of the existence of the independent action of the two hemispheres of

the brain, which he expresses by the term "cerebral dualism." He began by drawing the line between affections of the brain properly so-called and those of the mind; and in illustration of his subject he expatiated upon the disorders of speech, technically termed "aphasia," or, as he would express it, "amputated intelligence." Dr. Ball remarked that since the memorable discovery of Broca the history of aphasia has entered a new phasis. It is now known that the intellectual disorders of speech are nearly always connected with hemiplegia of the right side, which fact was a confirmation of the theory of the separate and independent functions of the two hemispheres; the convolution in which lies the faculty of speech being situated on the left side, it may necessarily be deduced that the two hemispheres have not the same functions. For some time Professor Ball has devoted his attention to this subject, and in his present course he has promised not only to distinguish and define the functions of the two hemispheres, but to explain the particular function of each. He began by refuting the teachings of Bichat, who believed in the perfect symmetry of all the organs, but his own brain was found absolutely disproportioned. There is, observed Dr. Ball, a cerebral dualism which can not be denied. The right hemisphere is, so to speak, a guide, a conductor, a superintendent in man, whereas the left hemisphere is, on the contrary, the great dispenser of passions and of emotions. What the predecessors of Broca and of the two Daxes were ignorant of, was to distinguish the functions of the two hemispheres. It is, however, known that the predominance of the right side is constant, and that the left hemisphere, which presides over the functions of the right side, is a hemisphere of predilection. Professor Ball further developed the subject by observing that man was the only being in the creation that used his right hand, a rôle that has always been considered the most noble. As we act with the right hand, so it is with the right side of the brain that we act intellectually. Unconsciously we have attached to the word "right" a signification the most elevated of language. To think rightly is, to some religious minds, to be orthodox. To act rightly is, in a moral sense, a proof of rectitude; and above all things we place *right*. In the scale of beings it is the specialization of the organs which mark progress. In the lower animals there exists, so to say, but one function, that is, nutrition, and the same individual possesses the attributes of the two sexes; as they rise in the scale, each function tends to choose for instrument a special organ. In man specialization has been extended to such a degree as to choose one hemisphere to think, and the other for functions of a different order. But the disproportion between the two hemispheres does not necessarily constitute the possessor of such a brain a lunatic, Bichat being a proof in point. The left hemisphere is formed the first in the fetus, but it frequently happens that the right hemisphere is developed to the detriment of the left. Dr. Ball considers that cerebral duality is now generally admitted by physiologists, and that such a notion would throw light on many facts, for instance, the cases of delirium with consciousness and the division of personality. Thus, it may be seen, Professor Ball is partisan of a theory which no doubt will predominate in science: the functional independence of the nervous centers, which perhaps extend to the independence of the two hemispheres. He does not, however, forget the great idea of cerebral compensation; he even bows before the idea of synergy; in fact, the first condition of the regular action of the function of the brain is that harmony reign between all its parts.

This first lecture by Professor Ball was delivered under the most favorable auspices and argues well for the session. The amphitheater could not contain all those who went to hear him, and I must say he is one of the most popular as well as one of the most eloquent lecturers of the Paris Faculty of Medicine.

PARIS, December 12, 1883.

Selections.

MULLEIN IN PHTHISIS.—Doctor F. J. B. Quinlan, M. D., F. K. Q. C. P., of Dublin, writes, in the British Medical Journal: Elizabeth B., aged fifteen, was admitted to St. Vincent's Hospital, suffering from pretubercular pulmonary consumption. She had been ailing for four months with cough, gradual emaciation, and latterly, occasional night perspirations. The catamenia had stopped. Encouraged by the recovery of her sister who had been one of my earliest patients treated by mullein, she resolved to try this treatment. On admission her appetite was bad and she had very slight dullness and very loud respiration under the

right collar-bone. She was ordered three ounces of green mullein leaf, boiled in a pint of milk, morning and evening. She was weighed on the first day of this treatment, and regularly every week. The result was: October 1st, 90 lb. 4 oz.; October 8th, 92 lb.; October 15th, 94 lb. 4 oz.; October 22d, 36 lb. 8 oz.; October 29th, 98 lb. 8 oz.; November 5th, 102 lb. 12 oz. The cough was at once relieved, and disappeared about the middle of October. On October 20th the menses appeared, and lasted twenty-eight hours. The night-perspirations did not occur after admission to such an extent as to demand treatment. The appetite improved; and the girl went out plump, strong, and evidently quite cured. A slight subclavicular respiratory roughness still remains; but will, I expect, gradually subside. I have, since the publication of my paper, noted a very large number of mullein-cases, with the uniformly satisfactory results of cure in the earlier, and relief in the latter, stages of consumption. This remedy has all the advantages of cod-liver oil, without any of its drawbacks.

Prophylaxis of Malaria.—The *Journal d' Hygiène* has reproduced a report of Tommasi Crudeli to the Italian Parliament on the prevention of malaria. (Chicago Medical Journal and Examiner.) He insisted strongly on the value of arsenic as a prophylactic, taken in a daily dose of two to eight milligrams, he also mentioned the method advocated by Dr. Maglieri, of treating obstinate malarial infections by the administration of a simple decoction of lemons. This is the mode of preparation: Take a fresh lemon and cut it in thin slices without peeling it; boil these slices in a new earthen pot with three glasses of water until reduced down to a glassful; strain the whole through a cloth, and squeeze well the boiled lemon, and let the whole stand for a night to cool. Maglieri has tried this singular remedy not only in cases of chronic malarial infection, with a marked cachexia and rebelliousness to any other known remedy, but also in some cases of pernicious fevers, and always with success. The observations of Titus Piacentini confirm the efficacy of the decoction of lemons. Among the non-volatile substances so far found in the lemon, there are two, the hesperidine ($C_{22}H_{26}O_{12}$), and the limonine ($C_{26}H_{30}O_5$), which may be the active principles of this medicament. The former is found in all parts of the fruit, the latter in the seed. But nothing certain is known of the physiological action of hesperidine and of limonine, and all the hypothesis that can be framed regarding this will be, in our present state of knowledge, entirely premature.

Tears of Blood.—This rare phenomenon, the reality of which has often been doubted, seems, however, to occur under certain circumstances. Damalix has published an interesting paper on this subject in the *Archives d' Ophthalmologie*. He was led to study it by the observation of a case in M. Panas's wards. The patient, a young hysterical girl, said that she had often noticed a flow of blood from her eyes, and spots of blood on her handkerchief after wiping them. For some time the hemorrhage occurred every night. A careful examination of the eyes showed nothing abnormal, but there were photophobia, facial neuralgia, and considerable blepharospasm. This case, as M. Damalix himself says, can not be considered as conclusive, in spite of the probable veracity of the girl and her parents, as the hemorrhage was never seen by him. But there are on record some observations which do not leave room for doubt. In a case of Hauser, and in another of M. Brun, the observer could actually see the blood flowing from the eyes like tears; there was no possibility of trickery, and microscopical examination of the fluid showed that it was really blood. As for the diagnosis, the name blood-tears must not be applied to the various forms of hemorrhage caused by some organic lesion of the mucous membrane, such as small polypi, etc. The true form has nothing to do with any visible lesion, and the course of the accidents is remarkably irregular. Sometimes there are no premonitory signs, the blood appearing without effort or pain; in other cases, the patient feels for some time pain in the forehead, or at the root of the nose, or, it may be, a feeling of tickling and heat in the lids, which disappears when the blood begins to flow. The amount of blood lost varies from a few drops to a wineglassful; the flow never lasts more than a few minutes, is always intermittent, and generally coincides with other hemorrhages in the skin or mucous membranes, or, on the contrary, with *suppressio mensium*. A study of the etiology of the disease shows that it is most frequent in hysterical women suffering from anemia or hemophilia.—*British Med. Journal.*

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JANUARY 12, 1884.

Original.

PROGNOSIS IN VARIOUS FORMS OF PARALYSIS*

BY PHILIP ZENNER, A. M., M. D.

To the laity the word paralysis seems always to have the same grave significance. They do not know that, depending on the underlying condition, this symptom may be of but trifling consequence, as well as a source of lasting disability, or a precursor of an early end. Unfortunately, even physicians sometimes associate with this word an unvarying meaning, one of evil augury, without attempting to determine the condition upon which the symptom depends.

I wish, in this paper, to speak briefly of some of the more prominent forms of paralysis with especial reference to their prognosis, and though the latter can not be properly determined without previous knowledge of the exact lesion or disease in each instance, yet a general consideration of the gravity of the various forms, and of means which often assist us to properly determine the prognosis in the individual case, will, I trust, be both instructive and interesting.

We will first consider the most common form of paralysis of central origin—hemiplegia.

In the great majority of cases this is due either to embolism of the middle cerebral artery or its branches, or to hemorrhage in the vicinity of the corpus striatum. There is paralysis of the limbs and face on the side opposite to the seat of lesion. If the patient recovers from the apoplectic attack, which usually ushers in the paralysis, and his life is no longer in immediate danger, the important question arises, will he be permanently disabled by the paralysis, or will the latter entirely or largely disappear? The answer to this question will mainly depend on the seat of the lesion—on what part of the brain has been injured. When only the large basal ganglia have been injured the paralysis usually disappears after a lapse of time, but when the internal capsule has been destroyed the paralysis is permanent. Whether the latter has or has not occurred is very soon revealed by the symptoms. If the internal capsule has been destroyed, there is subsequent degeneration of the pyramidal strands in the spinal cord, attended by such symptoms as rigidity of the paralyzed limbs, and exaggerated tendon reflexes. The rigidity of the paralyzed muscles is first observed after some time, usually months, after the original injury; but the exaggerated tendon reflexes (the foot clonus, exaggerated patellæ, tendon reflex, etc.) may already be detected within a few days or weeks. They, therefore, at a very early day will assist us to a correct prognosis.

So, when we are called to a case of hemiplegia, and wish to determine whether the paralysis will be temporary or permanent, we should examine the tendon reflexes. If we find them to be exaggerated, we may already surmise that permanent injury has been done; and if, after a few weeks or months, rigidity of the paralyzed muscles is also observed, that surmise becomes positive knowledge.

As a general rule the prognosis of spinal paralysis is less favorable than that of cerebral origin. But among the various forms of spinal paralysis, some that present the most marked motor symptoms have in reality the most favorable prognosis. Thus we often find with Pott's disease of the spine a high degree of paraplegia which may, later, partly or entirely disappear.

The paralysis is not produced, as was long supposed, by direct pressure on the cord from the angular curvature, but is due to

*Read before the Mitchell District Medical Society, Dec. 28, 1883.

secondary changes in the meninges or substance of the cord. The symptoms presented are those usually attributed to sclerosis of the lateral columns, paraplegia, rigidity of the limbs, often convulsive movements in the paralyzed parts, and greatly exaggerated tendon reflexes. In these cases, even though the paralysis be of some years' standing, improvement may be expected with much confidence after the acute changes in the bone have subsided.

In the disease termed spastic spinal paralysis, supposed to be due to primary sclerosis of the lateral columns of the cord, and presenting symptoms exactly similar to those just described, the prognosis is also more favorable than the marked symptoms would suggest; more favorable, in fact, than that of most of the organic diseases of the cord.

Let us next consider peripheral paralyses with special reference to the means of determining their prognosis. There are very many forms of peripheral paralysis due to traumatic or other causes, and also all degrees of intensity, sometimes being only slight and transient, at other times complete and lasting.

Let us take for illustration two of the most common forms, facial paralysis, and paralysis of the muscles supplied by the radial nerve. One awakes in the morning and finds that the face is drawn to one side, that the eyelids can not be closed—there is facial paralysis. There is no apparent cause; it is termed rheumatic paralysis. Probably the sheath of the nerve somewhere within the temporal bone is swollen and the nerve thus compressed. Again, we arise in the morning and find the muscles supplied by the radial nerve paralyzed. The patient had probably been lying upon that arm and thus compressed the nerve trunk. We find what is termed wrist-drop. The appearance is like that of lead paralysis, but it has come on suddenly and is limited to one side.

In either of these cases, especially the latter, the prognosis is generally favorable, the result full recovery. But the paralysis may be of very short duration; it may be of long duration, and sometimes it is permanent.

Have we any means by which we can determine, then, the prognosis in each case? Yes, in the electrical reaction of the nerves and muscles.

Normally the muscles contract when electricity is applied to them directly, or to the nerves supplying them. But the electrical reaction may be quite different as a result of pathological changes. The most prominent changes are those termed the reaction of degeneration. Here the muscles do not contract when electricity is applied to the nerve supplying them; they do not contract when the interrupted or faradic current is applied directly to the muscles, but do contract, in a different manner from the normal, when the constant, or galvanic current is applied directly to the muscles.

Now let us revert to our case of facial paralysis. If no change takes place in the electrical reaction, but the latter remains as it is normally, the paralysis will be of short duration, and a full recovery will ensue. But if the reaction of degeneration is soon observed, paralysis will be of long standing; recovery will be slow, perhaps incomplete; or the paralysis may be lasting.

In some cases the reaction of degeneration becomes only partly developed. Here the prognosis is more favorable, though less so than where no changes occur in the electrical reaction.

The same test will assist us in the prognosis of one case of paralysis of muscles supplied by the radial nerve as well as in all other cases of peripheral paralysis.

I will next mention a class of cases in which the prognosis is far more favorable than the clinical picture presented would, at first sight, lead us to suppose; that is, the paralysis following infectious diseases. We most frequently find these after attacks of diphtheria. The paralysis of the soft palate, muscles of the eye, etc., are known to you all. Their prognosis is nearly always favorable. But these are not the only paralyses caused by diphtheritic poisoning. There is, less frequently, paralysis of spinal origin, paraplegia, ataxia, etc., which may be very marked, even alarming in their appearance, but whose prognosis is nevertheless as favorable as that of the more common forms of diphtheritic origin.

The prognosis of this class of cases illustrates the fact that in forming a proper judgment of the gravity of a case, it is often necessary to know not only the seat and extent of local damage, but also something of the character of the pathological process, to know the course of the disease. Thus, we have learned of diphtheritic paralysis that, while apparently very serious, they usually terminate favorably. In some other diseases we will find that while the paralytic manifestations, especially in the beginning, may be very mild, we must expect the most unfavorable

termination. In cases of multiple sclerosis of the brain and spinal cord, though the symptoms presented may be slight, we know that the tendency of the disease is to extend, and, though very slow in its progress and variable in its manifestations, it will not terminate in recovery. The same may be said, with some modifications, of locomotor ataxia.

These diseases, though tending to extend, do not, as a rule, immediately threaten life, while some others lead directly to a fatal termination. Thus, amyotrophic lateral sclerosis, attended by paralysis and wasting of muscles, causes death, through involving the medulla oblongata, within a few years of its inception.

Progressive muscular atrophy terminates in the same manner, at a much later date. Some acute spinal paralysis, notably Lantry's paralysis, may terminate fatally within a few weeks, while others, not unlike the latter in general appearance, as some cases of subacute anterior poliomyelitis may terminate in full recovery.

In all these cases, in order to arrive at a proper prognosis, we must first make a correct diagnosis and know the course of the disease.

CINCINNATI, OHIO.

Miscellany.

AN UNEXCELLED SALINE—FLEXNER'S EFFERVESCENT SULPHATE OF SODIUM (GLAUBER'S SALT)—THE MOST ACTIVE AND MOST PALATABLE LAXATIVE AND PURGATIVE NOW BEFORE THE PROFESSION—INDICATED WHENEVER A SALINE IS REQUIRED.—This is the heading of an advertisement on another page of the NEWS, by Prof. Jacob Flexner, one of Louisville's most accomplished pharmacists. From what we hear of this laxative, and from some personal experience with it, we incline to the belief that it is what is claimed for it—a not unpleasant dose and an effective aperient. Than the old-fashioned Glauber's salt, nothing more disgusting was ever invented. In the advertisement referred to other valuable remedies are mentioned.

PROCREATION AND POVERTY.—The widespread attention now being given to the question of housing the poor of great towns, and to the manner in which their lives are lived, is likely to result in some definite action being taken with a view to remedying the distress that so plainly exists in this association. (Medical Press.) It requires to be considered, however, whether the remedy to be adopted is not a more radical one than the mere improvement of sordid dwellings and the replacing them with habitable abodes. The class of people to be dealt with is probably the most improvident of any forming the population of the country; they have never learned, because they have never been taught, how to improve their own condition and raise themselves out of the depths into which they have fallen. Inheriting wretchedness, they cherish it almost with the veneration of religion; at any rate, it never enters into their calculations to promote efforts, either individual or combined, to remove the discomfort by which they are surrounded, and in which they have been bred. They are, moreover, permitted without rebuke, even if they are not encouraged by exhortation, to intensify their own miserable state by adding to the number who are born into it. Marriages contracted in early youth and followed by the birth of numerically large families are commonest in the ranks of those who go to people the "outcast" quarters of the cities and great towns. The maternity officers of every hospital are, alas! too familiar with the wretchedness and squalor existing among the families that inhabit the densely-aggregated buildings in the poorer quarters; they know how every addition to the already over-burdened bread-winner's task entails an increased amount of privation to every member of the family, and necessitates appeals to the compassion of the charitable in frequent cases that might, but for such untoward improvidence, be absolutely uncalled for. Magistrates also are only too well conversant with the misery such action on the part of our poor creates and intensifies, and during the past week Mr. Bridge, sitting at the Southwark Police Court, very emphatically condemned the youthful marriages so frequent in the district he controls. Inculcation of principles of providence, and tuition of the people in practices of economy and restraint may be trusted to as implicitly as immediate improvement of their surroundings to ameliorate the conditions under which they exist; and it would be well if well-meaning philanthropists would give consideration to this side of the question while discussing how to relieve the distress which is now exciting so much comment and consideration.

MALARIA. — Written for the Louisville Medical News by H. H. C. C.

Long, long ago—some scores of years—
And somewhere in the "Bluegrass Belt"
Of our Kentucky, it appears
The good old-fashioned doctor dwelt.

He rode the very best of nags
All over this wide area,
With physic in his saddle-bags
For all ills save malaria.

Just here 't is apropos to say,
While doctors had the same old passion
For hobbies, at that early day
Malaria was not in fashion.

'T is true our doctor was a giver
Of calomel in liberal doses,
And seldom overlooked the liver
In making out his diagnoses.

The liver! foe to nature's laws,
No regular M.D. would dare to
Deny it was the direful cause
Of all the ills that flesh is heir to.

Then blood-letting was all the rage,
And so, where'er his practice led him,
What e'er the patient's ill or age,
Galen invariably bled him.

(Lamented Drake! would'st thou not bow
Thy noble head in deep dejection,
To hear them speaking even now
Of the "lost art of venesection?")

And so our doctor plied his art,
With humble effort to advance it;
He had his day—let him depart—
With him the liver and the lancet.

* * * * * * * *

The atmosphere was damp and muggy
When, in a brand-new Yandell buggy,
A doctor passed, the hat he wore
Upon its band this motto bore,
Malaria.

Before a brown-stone front he stopped,
Then from his buggy lightly hopped,
And as the bell he boldly rung,
This word was ready on his tongue,
Malaria.

Beside the patient's bed he stood
In meditative attitude,
He felt the throbbing pulse awhile,
Then murmured, with a knowing smile,
Malaria.

The patient ventured to suggest
That too much dinner had oppressed
His stomach; but he spoke in vain—
The doctor smiled and said again,
Malaria.

Now, looking wise he writes with pains,
"Sulphate of quinine twenty grains,"
"Divided into capsules four;"
Then sallies forth to hunt for more
Malaria.

At night he to his home repairs,
Charges his visits, says his prayers;
But often for "amen," I've heard,
He absently lets slip the word,
Malaria.

If we, with voices loud and deep,
Bless him who first invented sleep,
Then why not raise a monument
To that blest man who did invent
Malaria?

HEALTH CRYSTALS. — Taken from the Ladies Sanitary Association, of London.

A—s soon as you are up shake blanket and sheet;
B—etter be without shoes than sit with wet feet;
C—hildren, if healthy, are active, not still;
D—amp bed and damp clothes will both make you ill;
E—at slowly and always chew your food well;
F—reshen the air in the house where you dwell;
G—arments must never be made too tight;
H—omes should be healthy, airy, and light;
I—f you wish to be well, as you do, I've no doubt,
J—ust open the windows before you go out;
K—eep the rooms always tidy and clean;
L—et dust on the furniture never be seen;
M—uch illness is caused by the want of pure air;
N—ow to open the windows be ever your care;
O—ld rags and old rubbish should never be kept;
P—eople should see that their floors are well swept;
Q—uick movements in children are healthy and right;
R—emember the young can not thrive without light;
S—ee that the cistern is clean to the brim;
T—ake care that your dress is all tidy and clean;
U—se your nose to find if there be a bad drain;
V—ery sad are the fevers that comes in its train;
W—alk as much as you can without feeling fatigue;
X—erxes could walk full many a league;
Y—our health is your wealth, which your wisdom must keep;
Z—eal will keep a good cause, and the good you will reap.

NOTE ON ENTERIC FEVER.—This dangerous treatment was lately reported by Dr. J. W. Moore before the Academy of Medicine in Ireland: Briefly summarized, the case reported was one of severe enteric fever, running a course of four weeks, characterized by a succession of high temperature during the first twenty days, ataxic symptoms, obstinate constipation, hypostatic congestion, and right basic pneumonia. The patient was a grocer's assistant, aged twenty. Treatment of a decidedly active kind was employed, and apparently with marked benefit to the patient. On five separate occasions twenty grains of quinine were given as an antipyretic in quickly succeeding doses of ten grains each; twice the

wet pack was employed for two hours at a time to control the pyrexia; and on three occasions, at intervals of forty-eight hours, ten-grain doses of calomel, guarded with a grain of opium, were administered as an antiseptic aperient. Having referred to the use of calomel in typhoid fever in Germany, the author alluded to Dr. Wassiljeff's experiments in Hoppe-Seyler's laboratory as to the influence of calomel on fermentation and bacteria, from which it would seem probable that much of the good which calomel is known to accomplish in various intestinal troubles is due to its aseptic or antiseptic properties.

New Method of Tooth-Drawing.—A dentist of Geneva has invented a new and ingenious process of tooth-drawing. A small square of India-rubber, pierced with a central hole, is pushed over the tooth till the upper part of the root is reached. (British Medical Journal.) The India-rubber gradually contracts, pulls on the root, and the offending tooth is finally enucleated, without causing the patient any pain whatever. Four or five days are generally required to complete the operation. Very slight bleeding and a slight swelling of the gum are the only inconveniences experienced. M. Paul Bert brought this ingenious method before the Académie des Sciences in Paris; when M. Galippe remarked that the process was already known, and quoted a case in support of its efficacy, in which a young girl had placed a ring of India-rubber round the two front incisors, and forgot she had done so; the result being that she lost the teeth.

Medical Peerages.—Mr. J. Brindley James thus pertinently writes, in the British Medical Journal: The remarks already made, in more than one quarter, by the press respecting the inadequate recognition ever shown by the State of the services of the medical profession, in contrast with honors conferred with lavish liberality on far less eminent services, would tend to show that the inequality attending such dispensations is becoming more clearly patent to the public. As the editor of the Student's Journal very pithily puts it: "Why is a peerage and a seat in the Upper House this week conferred on a poet, while a baronetcy is thought quite good enough for the most distinguished and hard-working physicians or surgeons? The original theory, that elevation to the peerage is a distinction and reward specially reserved for services rendered to the State, would in no way be violated by its conferment on so able and deserving a public benefactor as Sir Joseph Lister, the inventor of antiseptic surgery, or Sir James Paget, the leader of contemporaneous pathologists, or others too numerous to name, whose inventions, discoveries, and untiring exertions in the cause of suffering humanity may well entitle them to the consideration of being classed as "having done the State some service."

Moreover, exaltation to the peerage implies a share in the hereditary legislation of the country. *Public hygiene plays no unimportant part nowadays in the consideration of the senator and political administrator; and who among the noble lords would be more fitted to give an opinion on matters where the health of the army, navy, or civil community might be concerned, than a medical lord?* We have no wish to disparage, however faintly, the claims of the Poet Laureate to the dignity which he has just attained, but we venture to ask, Where was *his* service to the State? And how is it that far greater poets were never made peers? Was there ever a Baron Shakespeare, or a Baron Wordsworth, or a Viscount Pope? Surely they were quite as deserving. That peerages should be conferred on men of letters, like Macaulay, who are statesmen and senators as well, is logical enough; but, if poets are to be peers, why not eminent artists? Why not have a Lord Irving, or Lord Toole, in honor of the stage? or Lord Benedict in honor of music? Why not make peers of Mr. Du Maurier, *Punch's* admirable artist, or of Mr. John Thomas, the Queen's Welsh harpist? The men who, like Jenner, give us vaccination; who, like Simpson, give us chloroform; or, like Sir W. Fergusson, conservative surgery; or ovariotomy, as Sir Spencer Wells—these men may be held to have done service to the State as well as to humanity at large by the discoveries which will preserve their memories in the grateful immortality of thousands of their fellow-beings.

Water-Drinking.—The Lancet wisely says: It is somewhat surprising that in a country in which rain falls almost every day, in large or small measure, the use of pure water as a drink is not better understood than it is. Even now that the sway of temperance is well established, and continues to extend, we should be surprised to learn that a majority of Englishmen do not habitually discard the use of the natural

beverage for one or other in which it is compounded with foreign ingredients. Yet its very purity from all but a salutary trace of mineral matter is what renders it capable of exactly satisfying, and neither more nor less than satisfying, the needs of thirsty tissue, and of assisting by its mere diluent and solvent action, without stimulation or other affection of function, the digestion and excretion of food. No other qualifications are necessary. Given digestible, solid food, and fair, that is normal, digestive power, water alone is all-sufficient as liquid. During the feebleness consequent on disease or overwork every thing is changed. There is blood, though impoverished in quality, to receive and convey nutritive material, and there are tissues to be fed, but the *vis a tergo*, the driving power of the heart, resides in a languid muscle, and the alimentary canal, itself but poorly irrigated from that center of supply, receives what food is taken only to prove its incapacity to utilize it. Nature is flagging and a stimulant alone will make ends meet in the circle of tissue-building processes. As a general rule, however, abstinence holds the first rank, both in theory and practice. We do not assert that the man who regularly, and in strict moderation, partakes of a light stimulant—claret, for instance—may not, especially if he is equally regular in regard to out-door exercise, live comfortably to the full term of human life; but what we say is, that the more simply the man fares, the more he employs such adventitious measures for actual physical necessity, the more he will gain in health, in life, in working power, and in aptitude to benefit by stimulation when strength is failing from disease or from decay. But if water be the drink, how shall it be drunk? The means must have regard to the end required by them. To moisten food and prepare it for digestion it is hardly necessary to say that it should be taken with a meal; a couple of tumblerfuls at dinner is not an excessive quantity for most persons. For thirst-quenching properties nothing can surpass this simplest of drinks, and all which approach it in efficacy owe their power almost entirely to it. As to temperature, there is no real ground for supposing that one should not drink a sufficiency of cold water when the body is heated by exertion. The inhabitants of hot climates have no such objection. Some tropical wells are dug so deep that the water within them, even in hot seasons, is as cool as that of a European spring. In fevers, too, the use of ice in quantities sufficient to allay thirst is a part of rational and legitimate treatment. The shock which has to be avoided in all such states is not that which cools the mucous membrane, but that of sharp chill applied to the surface of the body. Some persons, however, find it convenient and beneficial to imbibe a certain amount of warm water daily, preferably at bedtime. They find that they thus obtain a bland diluent and laxative, without even the momentary reaction which follows the introduction of a colder fluid, and softened by abstraction of its calcareous matter in the previous process of boiling. This method, which is an accommodation to jaded stomachs, has its value for such, though it is not great even for them; but it affords no noticeable advantage for those of greater tone. The use of water as an aid to excretion deserves some remark. In certain cases of renal disease it has been found to assist elimination of waste by flushing without in any way irritating the kidney. Every one is probably aware of its similar action on the contents of the bowel when taken on the old-fashioned, but common-sense plan of drinking a glass of water regularly morning and evening, without any solid food. Whatever may be true of harmless luxuries, enough has been said to show that health, happiness, and work find stimulus enough in the unsophisticated well of nature.

Good Coffee.—In order to make good coffee the berry must be *fresh roasted and ground.* There is no difficulty whatever in roasting coffee, and this ought to be part of the *daily routine* of every well-regulated household. It is important to use enough coffee; one and a half to two ounces of coffee to a pint of water makes a first-rate beverage. Elaborate coffee machines for grinding are by no means necessary. If the coffee required for breakfast is put into a common earthenware jug over night, and cold water poured on it, it might be heated to the boiling in the morning by being allowed to stand in a saucepan of water over the fire. Violent ebullition is thus avoided, and the aroma is preserved. Out of ninety specimens of ground coffee purchased in London shops only five were found genuine.

Oleate of Quinia.—Add one to two drams of quinia alkaloid to two ounces of oleic acid, and rub patiently into the skin night and morning.

FORMATION OF VINEGAR.—The transformation of alcoholic liquids into vinegar has long been matter of discussion. (Popular Science News.) Pasteur holds that the formation of vinegar is a physiological phenomenon caused by vegetation of a particular bacterium, the *Mycoderma aceti;* while Leibig sees in it merely a chemical action of oxygen on alcohol. Recent observations by Herr Wurm, at the Breslau Institute of Plant Physiology, are regarded as putting the former view beyond a doubt, and Herr Wurm has succeeded in effecting the industrial manufacture of vinegar in accordance with Pasteur's idea. The conditions are a sowing of pure bacteria, a uniform temperature of 30° C., and a well-regulated addition of alcohol. The process goes on in large covered wooden receptacles (with side holes for air), into which are put two hundred liters of a mixture of vinegar, water, and alcohol, along with some mineral salts (phosphates of potash, lime, magnesia, and ammonia). The manufacture is said to be considerably more rapid than that by the old method, and more economical.

SENSIBLE TRAINING FOR GIRLS.—The Lasell Female Seminary, at Auburndale, Massachusetts, deservedly one of the most popular and successful of our boarding-schools for girls, has just begun its seventh annual course of "object-lessons in cookery," under the direction of Mrs. O. C. Daniell. (Popular Science News) The dishes on the programme for the day are prepared and cooked before the class, and in a supplementary course the pupils prepare with their own hands each article in day's bill of fare, set their table, and then dine from the results. The mothers testify that the plan works well, the girls not only becoming good cooks, but heartily interested in the practical exercise of the culinary art at home. There are similar courses in dress-making and millinery, with equally satisfactory results. At the same time, the standing of the school in all other respects is of the very highest. We commend the example to other female seminaries.

INFLUENCE OF MALARIA ON PREGNANCY AND THE PUERPERAL STATE.—Goth, of Klaussembourg, a very malarial place, has had very favorable opportunities for studying this subject. From his observations it seems that:

1. Pregnancy gives no immunity from malarial infection.

2. Malaria predisposes to abortion, and especially to premature labor: it causes premature labor (*a*) by the death of the fetus, produced either by the high temperature of the mother, or by the direct action of the infecting principle on the fetal organism; (*b*) by bringing on uterine contractions, MacRunge having demonstrated experimentally that an elevation of the temperature to 40° C. causes uterine contraction. As in all paludal affections and symptoms, quinine is the remedy to be relied on.—*L'Independente.*

CULINARY HINTS FROM THE POPULAR SCIENCE NEWS.—Punch made with guava-jelly is nice for an invalid. One part of lime or lemon juice, two parts of sweet guava-jelly and white sugar, dissolved in boiling water, three parts of old rum, four parts of water.

A good way to extract the juice of beef for an invalid is to broil the beef on a grid-iron for a few minutes, and then squeeze the juice from it with a lemon-squeezer. Put a little salt with it. This may be given, as the sick one prefers, cold or hot, or it may be frozen and given in small lumps.

Sardines picked up fine, and mixed with cold boiled ham, also minced fine, and all well seasoned with a regular Mayonnaise dressing, make a delicious filling for sandwiches.

MATTHEWS DUNCAN ON MINOR DISPLACEMENTS OF THE UTERUS.—It is, I "believe, universally admitted that versions, flexions, and descent, are not necessarily the cause of any discomfort or disorder, and this is a cardinal fact in this question. Think of it. Thousands of blooming, happy, fertile women have displacements. To treat a displacement simply because it exists is a grave error, and yet not a rare one." . . .

There is another bad and too common practice which I must not omit to mention here; that is what is called straightening or putting up the womb, or replacing it, time after time, by the probe or finger. This has no other effect than to irritate the organ, for the displacement recurs immediately after the probe or finger is removed, as the practice itself shows.

HOW TO SERVE POTATOES.—At a luncheon given in connection with the recent International Potato Exhibition at the Crystal Palace, Sydenham, Mr. Shirley Hibberd remarked that there was still a good deal of

ignorance shown in putting potatoes on the table. It was a usual practice to bring them up in a porcelain dish with a close-fitting cover. In ten minutes the best potatoes, however carefully cooked, were thus utterly destroyed. He recommended that they should be placed in a wooden dish, or served in a porcelain dish with towels above and below to absorb the moisture.

THE EFFECTS OF TOBACCO. — In non-smokers of average constitutions the mean temperature of twenty-four hours amounts to 36.76° C. (or about 98° Fahr.), and the pulse-rate to 72.9°. (Med. Times and Gazette). In smokers the temperature reaches 37.02° C. (98.6° Fahr.), and the pulse-rate 89.9°. Tobacco-smoking, therefore, raises the temperature 0.26° C., and the pulse-rate 16°. In persons of feeble constitutions the temperature rises 0.43° C., and pulse-rate 11.9°. Taking a mean, tobacco may be said to raise temperature 0.29° C. (nearly 1° Fahr.), and to increase the cardiac pulsations by 12.7°. Representing the normal temperature at 1000 in non-smokers, in moderate smokers it rises to 1008; and whereas the pulse of the former may be taken at 1000, that of the smoker is 1180. It is by increasing cardiac pulsations that tobacco has such an injurious effect on some constitutions—such, at least, is the conclusion which Dr. Troitski communicates to the *Annales d' Hygiène*.

COUGHS.—It is sometimes forgotten that coughs, properly so-called, and in their integrity, are convulsive, expiratory efforts intended to eject from the air-cells or passages of the lungs, or from the windpipe or larynx, either secretions or exudations, or occasionally foreign substances, which impede the act of respiration. Unfortunately there is seldom any constant relation between the frequency and force of a cough, and the physical need for it. This is because, the act being, of course, performed by virtue of a special excitation of the nervous system, the degree of excitability of the nerves concerned in the production of the muscular contractions producing the cough determines its course and frequency, instead of their being governed, as they ought to be, solely by the exigencies of expulsion. Moreover, owing to the sympathetic connection of nerves energizing different groups of muscles and in relation with different centers, cough may be produced by excitations which are not local to the breathing organs. Therefore we find that cough, which ought to be a very simple process or function of a remedial or, at least, physically helpful kind, is in fact itself a cause of disturbance and disease by reason of its excessive and disorderly character. Very grave mistakes are made in practice by treating cough as a pulmonary affection and in itself morbid. It is in a very large proportion extra-pulmonary in its cause, and it is only morbid in itself when there is no disease or disturbance in the lung which can create a need for expulsive efforts. Cough is always a nervously induced phenomenon, and as such it ought to be treated with the utmost carefulness, so as to ascertain its cause, its *raison d'être*, and the proportional relation which subsists between need and effort where need really exists. Without clear views on these various aspects of the question of cough in each particular case, it can not be intelligently treated.—*Lancet.*

MR. BOWMAN is to be a baronet. (Med. Times and Gaz.) The work by which Mr. Bowman gained his reputation was done so long ago that the present generation, but for an occasional reminder in the physiological text-books, are apt to forget that he was a world-famed physiologist before he became an eye-surgeon. It is more than forty years since he was awarded a Royal Medal by the Royal Society; and men who are now thinking of retiring from practice, when they were students read no physiology but Todd and Bowman's. Forty years ago it was quite probable that Mr. Bowman would become the leading London surgeon, and his subsequent retreat to a specialty, though it was of immense service to that specialty, no doubt delayed both the development of scientific surgery in this country and the State recognition of his own merits. If Mr. Bowman had remained a general surgeon he would probably have had his baronetcy ten years ago.

ANOTHER Paris *interne* has fallen a victim to diphtheria contracted in the performance of his duty. Three weeks ago a child was brought into hospital suffering from diphtheria, and was attended by M. Gustave Rivet, the *interne* on duty. The next day he sickened; the membrane invaded the larynx, and tracheotomy was discussed, but M. Rivet was then too weak to undergo it. On Monday last he died.—*Med. Times and Gaz.*, December 15th.

The Louisville Medical News.

Vol. XVII. SATURDAY, JAN. 12, 1884. No. 2

L. P. YANDELL, M.D., - - - - - - - }
H. A. COTTELL, M.D., - - - - - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

IS VACCINIA MODIFIED VARIOLA?

In another column (page 29) will be found an extract from the British Medical Journal of December 22d, which announces the settlement of this long-mooted question.

The article alludes to the views of Jenner, who believed that vaccinia was modified variola, and analyzes the discussion which ever since his time has been carried on by English and German physicians on the one hand, who have accepted Jenner's opinion, and the French on the other, who have maintained that the two affections had separate sources of origin.

The writer refers to a series of experiments performed in 1880–81, by Dr. Voigt, of Hamburg, through which, with subsequent practical study, this observer arrives at results not only conclusive as to the question at issue, but still further significant in that they bring to light some facts of great practical value to the physician, with timely hints for those who may be engaged in the propagation of bovine lymph.

Among the conclusions of Voigt, which seem to be of especial interest are, (1) That the energy of variola-vaccine obtained by inoculating the calf with smallpox lymph from man is such as to render it unfit for use in vaccinating human beings until its force has been diminished by several transmissions from calf to calf. (2) That animal lymph originally very active diminishes in efficacy when transmitted from calf to calf sooner than humanized lymph transmitted from arm to arm. In short, that humanized lymph gives better results both in man and beast after many cultivations than those given by bovine lymph; whence it follows that *retro-vaccine* of the first generation should be preferred to animal lymph from old stocks.

The first conclusion would seem to explain the violent action of some specimens of bovine lymph, which now and then produce in primary vaccinations symptoms scarcely less severe than those of varioloid. The second accounts for the failure of many specimens of bovine lymph to take even under the most favorable conditions, while humanized lymph may be transmitted from arm to arm for a long term of years and still give most satisfactory results.

Several points of interest, both practical and theoretical, are also suggested by the following: (1) That the duration of immunity from smallpox given by vaccinia depends on the intensity of the pathological process, and (2) that, after the lapse of twelve years, persons who have been attacked with smallpox show the same susceptibility to vaccination as those who have been vaccinated at an equally remote period; consequently, children of twelve years of age, vaccinated in infancy, present moderately favorable conditions for the development of smallpox. Revaccination, therefore, of all children at the age of twelve, or even after, is to be highly recommended.

The lesson of the first statement need scarcely be dwelt upon here, since physicians are always careful to procure fresh active lymph, and are never satisfied with any result less than a true Jennerian vesicle with decided systemic manifestations of the the disease; but it may be suggested in passing that the point contended for by

Flint, who cites in proof an analysis of six thousand cases by Simon, that the degree of protection is in direct proportion to the number of vesicles (up to four at least) produced in each primary vaccination, finds additional strength in this conclusion.

The second is indeed a remarkable statement, and unless the real meaning of the author has been overlooked by the translator, we are at loss to see how, under the view that the difference between vaccinia and variola is one of degree only, it shows that the revaccination, after twelve years, of persons who have been the subjects of vaccinia is any more important than the *vaccination* after the same time of those who have had smallpox, since, according to the above statement, the subjects of both appear to be equally susceptible.

In answer to this objection it may be urged that the protective power of vaccinia is limited to twelve years, while that of variola extends to a term reaching beyond the life of any human being.

But this being true, we may ask why, if variola and vaccinia are only different degrees of one and the same disease, should the latter protect its subject against the former and itself during a period of twelve years, while the former, after that time, fails to protect against the latter, but does guard its subject against its own recurrence?

This is the only point of difficulty presented by Dr. Voigt's conclusions, and if he has not been misunderstood it may be set aside as a question requiring further study.

His other deductions are clear and seem to be fully borne out by his experiments and observations. On the whole, these investigations may be regarded as the most important made in this department of science since the days of Jenner himself, since they not only add new luster to a name immortal in medicine, but render still more effective for good the most beneficent gift which science, genius, and philanthropy have ever been privileged to bestow upon mankind.

Bibliography.

Cholera a Disease of the Nervous System. By JOHN CHAPMAN, M.D, M.R.C.P., M.R.C.S., late Assistant Physician to the Metropolitan Free Hospital, etc. London: J. & A. Churchill, New Burlington Street. 1883.

This pamphlet consists of a letter written by Dr. Chapman, which was published in the *Journal de Médicine de Paris*, August 25, 1883; a review of Dr. Chapman's work on diarrhea and cholera, their nature, origin, and treatment through the agency of the nervous system, by Sir Andrew Clark, Bart., M.D. (Medical Times and Gazette, November 3, 1866), and several notices of the work taken from contemporary journals.

Dr. Chapman writes with great clearness and force, and has brought forward an array of imposing facts, which would seem to go far in support of his theory.

Further comment here is unnecessary, since our readers have already received, at the hands of our Paris correspondent, liberal extracts from the letter above mentioned, with timely comments upon the opinions advocated by the author.

A Practical Treatise on Materia Medica and Therapeutics. By ROBERTS BARTHOLOW, A.M., M.D., LL.D., Professor of Materia Medica and General Therapeutics in Jefferson Medical College, of Philadelphia. Fifth edition, revised and enlarged. New York: D. Appleton & Co.

The sixth decennial revision of the U. S. Pharmacopeia has borne much good fruit, by necessitating the revision of our standard works in Materia Medica and Therapeutics, and, among the samples which we have so far seen, none bears better testimony to the mellowing influence of this phase of scientific progress than the book under notice.

Dr. Bartholow has the happy faculty of throwing into bold relief the useful and practical features of his subject, while the theroetical and technical aspects are used only to give breadth and depth to his picture. A man of great research, he does not weigh down his text with elaborate quotations, nor disturb the felicity of his reader by long parentheses and foot-notes. He makes free use of the researches and opinions of others, but briefly and in his own words, and, keeping the names of his authorities so far as practicable out of the text, he gives them place in a bibliographical list at the end of each chapter.

Though he regards the physiological action of drugs as the true basis of all thera-

peutic advancement, he does full justice to all such medicines as may be empirically prescribed; though giving due weight to the importance of clinical notes, and the value of experiments on the lower animals as tests of the action of drugs, his text is remarkably free from the wearisome details of those studies which render some therapeutic treatises unreadable.

These, with a rational classification of remedies, and careful attention to the therapy of every disease likely to be met with in this latitude, would seem to be the features to which the work owes its great popularity with physicians of the West and South.

The Diagnosis and Treatment of Diseases of the Ear. By OREN D. POMEROY, M.D., Surgeon to the Manhattan Eye and Ear Hospital, Ophthalmic Surgeon to the New York Infant Asylum, etc. With one hundred illustrations. Price, $3.00. New York: Bermingham & Co.

The subject is discussed under the following heads: Instruments used in examination of the ear, with hints as to methods; diseases of the auricle; diseases of the external auditory canal; diseases of the middle ear; mastoid affections; unclassified diseases; diseases of the ear mostly or wholly confined to the labyrinth or acoustic nerve; instruments for aiding the hearing.

Avoiding so far as possible those difficult technical questions in which much of the pathology of aural disorders is involved, the author confines his attention in the main to such features as are likely to be useful in diagnosis and treatment, while, by condensation of text and abundant illustrations, he has made his treatise easy to understand, readable, and instructive.

The literature of special medicine puts within reach of the profession many able works in otology; but none of these, so far as we have seen, would seem to be better suited to the needs of the general practitioner than Dr. Pomeroy's book.

A Treatise on Syphilis in New-born Children and Infants at the Breast. By P. DIDAY, Ex-Surgeon to the Hospital De L'Antiquaille, Lyons. Translated by G. Whiteley, M. D. With notes and an appendix by F. R. Sturgis, M.D., Professor of Venereal Skin Diseases in the New York Post-Graduate Medical School, etc. Wood's Library Standard Medical Authors for 1883. New York: William Wood & Co.

This work is especially interesting as being one of the first monographs ever written upon the subject of infantile syphilis. Its character therefore is distinctive and original, the book in the main being made up of the results of its eminent author's own investigations. So high did it stand in the estimation of English surgeons and physicians, that it was translated and published by the New Sydenham Society in 1858. Since that time syphilographers have made free use of it in developing this department of their works.

The text has received careful revision at the hands of Prof. Sturgis, with such emendations and additions as were necessary to place it fairly abreast with the scientific requirements of the day.

The practitioner will find in the work full practical information in regard to infantile and congenital syphilis, while the privilege of being able to trace in an original monograph the steps by which one of the first great masters was able to lay the foundations of our knowledge in this department of science will be duly appreciated by all lovers of historic medicine.

INTRODUCTORY ADDRESS delivered before the Medical Class of Dartmouth College, August 1, 1883. By Louis Elsberg, A.M., M.D., Prof. of Laryngology, Hanover, N. H.

SHORT-SIGHTEDNESS.—Dr. Cohn, who has summarized various statistics on the question of hereditary short-sightedness (Medical Times and Gazette), which have from time to time been collected by Erisman, Scheiding, Pflüger, and other authorities on the subject, finds that the researches of the last-named writer resulted in the following facts being elucidated as to the percentage of short-sighted pupils: Public schools, without predisposition, eight per cent; with predisposition, nineteen per cent. Higher schools, without predisposition, seventeen per cent; with predisposition, twenty-six per cent. The difference of about ten per cent in favor of those children without an hereditary predisposition to short-sightedness is, according to Pflüger's opinion, a reliable basis of argument. At the same time, he asserts that this relatively low figure is arrived at after the necessary elimination of those cases where the predisposition has remained latent, and where it is of such a nature as only to become the source of ocular affection under circumstances of an unfavorable character.

Correspondence.

PREGNANCY-VOMITING.

Editors Louisville Medical News:

I hope you will allow me to offer some criticism on Dr. Rufus W. Griswold's eristic paper on Pregnancy-Vomiting, recently published in the NEWS.

The Doctor, after rejecting all the various theories advocated by the most distinguished gynecologists as to the cause of the disease (and if it is no disease, it is a strange exhibition of health), brings forth his own, as follows: "The predominating potentiality of vomiting in pregnant women is the pregnancy itself." That is very good, as far as it goes; but is it not strange that Burns, Penmore, Churchill, Dewees, Ramsbotham, Marion Sims, Henry Bennett, and the other great gynecologists he so unmercifully criticized, have never thought of this.

This brilliant theory, sweeping away all transcendental speculations on the subject, reminds me of a troublesome gourmand who at times consulted me for a predominating potentiality of vomiting from an overloaded stomach. In assigning to him the cause of his malady, I took the same "common-sense" view of the case that Dr. Griswold does of pregnancy-vomiting, by telling him it was caused by taking too much into his belly. This explanation would be sufficient and satisfactory for the laity, but would not be a proper answer to the members of a learned profession.

There would have been something heroic on the Doctor's part in making this assault on great men, if he had not afterward accepted their respective theories to account for pregnancy-vomiting in certain cases. As no medical authority would fix on any positive cause for vomiting, the Doctor must have been on a Quixotic cruise in passing judgment on those theories.

In taking up his own theory, there are several strong points not in its favor. The uterus may turn the stomach into rebellion through sheer erethism. What would be the predominating potentiality of this order of vomiting? Is not such vomiting of the same type as that of pregnancy? If not, who will venture to give us a differential diagnosis between the two?

And again, if the predominating potentiality of vomiting in pregnant women was pregnancy itself, why is it that so many pregnant women never manifest this symptom? There is another point which the Doctor may have overlooked: if "the cause of vomiting in pregnant women is the pregnancy itself," why is it that it usually lessens its action as the fetus increases in size?

To be governed by our experience and the authority of those the Doctor has denounced, we may find symptomatic vomiting wherever there is uterine hyperemia, either of a pathological or a physiological character. To sustain this view we will quote from Prof. Gunning S. Bedford:

"It is one of the fundamental principles in uterine pathology, that the various sympathies which the uterus is capable of evoking in a state of pregnancy are oftentimes brought into active operation when gestation does not exist; these sympathies being caused to show themselves in consequence of disease of uterine organs, whether functional or organic. In amenorrhea, dysmenorrhea, etc., we often find the patient complaining of sick stomach; and again, in carcinoma of the uterus, one of the most distressing symptoms is frequently excessive gastric disturbance."

This reflex vomiting may be induced from a diseased condition of other organs, as the brain, liver, kidneys, etc., and even from general systemic conditions, as in fever, shock, malignant diseases, etc. The immediate cause of reflex vomiting would seem to be *arterial tension*, and nature calls, in the relaxing phenomena of vomiting, to relieve this condition. When this tension involves the stomach itself, the vomiting usually becomes obstinate and excessive, with a pathology of its own.

G. P. HACHENBERG, M. D.

AUSTIN, TEXAS.

Editors Louisville Medical News:

Since the publication in the Louisville Medical News, some three months ago, of the article on the treatment of typhoid fever with the iodide of potassium, I have treated three other cases with the same results, the fever in no instance continuing beyond the twelfth day of treatment. I claim that the treatment recommended in that article relieves congestion, irritation, and inflammation of the mucous membrane of the ilium, the stage of ulceration being prevented. None of my cases have relapsed, nor has hemorrhage, in the twenty-nine cases successfully treated, occurred.

R. N. BARBOUR.

LOUISVILLE, KY., Jan. 8, 1884.

Selections.

VACCINIA AND VARIOLA.—Some of our readers may remember how, in April 1881, Dr. Leonhard Voigt, the Superintendent of the Vaccine Institute at Hamburg, experimentally solved the vexed question of the origin and the nature of cow-pox, and vindicated triumphantly the reputation of our immortal countryman Jenner. (British Medical Journal.) The subject, however, is of such importance that, before stating the conclusions at which he has arrived after two years' constant and laborious observation and experiment, it may be as well shortly to recapitulate his earlier proceedings.

Two views had hitherto been, and notwithstanding Dr. Voigt's absolute demonstration of the erroneous character of one, are still, held on the relation between cow-pox and smallpox. Jenner believed that horse- and cow-pox were originally derived from man, and were, in fact, modified forms of smallpox altered by their transmission through the bodies of the lower animals. Ceely and Badcock in England, and Thiele in Russia, held the same views, and believed that they had successfully effected the transformation. The former, in 1840, sent some of his lymph to Schneemann in Germany, where it was long used with best results. But Doctor Martin, of Boston, a strong advocate of animal vaccination, on trying to repeat the experiments of Ceely, set up an epidemic of smallpox, the disease spreading from his vaccinated subjects by ordinary contagion; and the like unfortunate consequence followed other attempts of the same kind and put a check to further enterprise in the same direction.

The second opinion is that of the French school, represented in this country by the veterinary surgeon Fleming, and shared by many of less note. It may be briefly stated as follows: Smallpox, sheep-pox, and goat-pox are acute specific diseases, highly infectious, attended by general febrile disturbance, and extremely fatal; in fact, bearing a close resemblance one to the other, but not mutually protective. *Horse-pox, cow-pox, and camel-pox, on the contrary, are merely local diseases, with little fever, and no danger to life, communicable only by actual contact or inoculation; and yet, strange to say, each of them is antagonistic to and protective against smallpox.* Smallpox, they say, if inoculated into the cow, is unaltered; the local manifestation is merely a blind boil in most cases, but, if any fluid can be obtained from it, it is still smallpox-virus pure and simple. They thus account for Martin's unlucky experience, and explain away Ceely's seeming success by urging that his supposed vaccinations were, in fact, mild and favorable examples of inoculation of smallpox itself, though they find it best to ignore the subsequent successes of Schneemann.

This was the position of parties when, in the winter of 1880 and 1881, Voigt resolved on investigating the whole question afresh. His first attempts to inoculate the calf with human smallpox were, as usual, unsuccessful; indeed, the difficulty is such that Reiter failed in fifty trials, extending over ten years, though he succeeded in the fifty-first. On the fourth occasion, using pus from a virulent case of unmodified smallpox, Voigt was rewarded by the production of a *bouton*, on which a small vesicle appeared for a few hours. He found what he deemed a *corpus vile* in an ill-nourished scrofulous child, not previously vaccinated, and under treatment for itch in a ward in which smallpox had just broken out. Somewhat rashly, he vaccinated the child with the fluid from his vesicle; the results were alarming, intense fever, axillary buboes, etc.; but, fortunately for all parties, the child survived. He then vaccinated a calf with the same lymph, and a third from the second, and so on. From the fourth in succession he vaccinated four children; of these, one failed to take, but the others were rather severely affected. From the thirteenth and fourteenth calves he again vaccinated children, with excellent results. Indeed, from and after the ninth in the series of calves, the pustules were indistinguishable from the best Beaugency stock, both in themselves and in their results on the human subject. Voigt therefore concludes, not only that Jenner was right in his idea of the origin of cow-pox, but that Martin's untoward results were due to his having, like himself, used variolous matter of a virulent type, and neglected the precaution of mitigating it by successive transmissions, or, as Pasteur would say, cultivations, in the calf. All cases of cow-pox supposed to be spontaneous are, he believes, cases of unintentional variolation, or retro-vaccination, as when a woman milks a cow after handling her recently vaccinated infant. Thus, too, he explains the usual seats of the disease in the horse and the cow, the ankles of the former and the udders of the latter

being the parts most frequently handled; and the exemption of the males, bulls or oxen, is easily intelligible on the same hypothesis, for in retro-vaccination bull calves are found to be quite as susceptible as the other sex. The various sources of the so-called spontaneous cow-pox in vaccine in modified and mild variola, or in variola of a severer kind, equally account for the varying intensity of the results obtained in the first vaccination performed therewith.

During the past eighteen months, Doctor Voigt and his colleagues have used the "new lymph" on a large scale, both for retro-vaccination of the calf and for vaccinations and revaccinations of the human subject of all ages, and prefer it to ordinary humanized or to Beaugency lymph. Unlike the older stocks of animal lymph, it keeps remarkably well in tubes, with or without glycerine. An unavoidable change of quarters, leading to a temporary deterioration, brought out the fact that dry and well-ventilated stalls were essential to success in bovine inoculations, whether with variolous or with vaccinal matter, as he had already been led to consider a moderately low temperature more favorable than a higher.

In his most recently published report he sums up the results of his observations under nine heads, which may be looked on as an epitome of the whole question.

1. It is possible to create vaccine by the inoculation of the calf with lymph from the pustules of human beings the subjects of smallpox, but success must not be expected in every case.

2. The energy of variola-vaccine obtained in this way is such that it is not fit for the purpose of vaccinating human beings until it has been several times transmitted from calf to calf, or from ox to ox, and its intensity has been thus diminished.

3. In the first year this new lymph has a greater protective power than animal lymph of older stocks.

4. Vaccinia and variola are derived originally from the same contagium, and give to those affected by them an immunity one against the other.

5. The duration of this immunity depends on the intensity of the pathological process.

6. *After the lapse of twelve years, persons who have been attacked with smallpox show the same susceptibility to vaccination as those who have been vaccinated at an equally remote period; consequently, children of twelve years of age, vaccinated in infancy, present a moderately favorable soil for the poison of smallpox.*

7. *Therefore, revaccination of all children at or even after the age of twelve is highly to be recommended.*

8. Animal lymph originally very active diminishes in efficacy when transmitted from calf to calf, sooner than humanized lymph transmitted from arm to arm. On the whole, that is, after a long time, humanized lymph gives better results both in man and beast; whence it follows that animal lymph from old stocks gives less success than retro-vaccine of the first generation.

9. Carefully generated, and in well ventilated and regulated stalls, variola-vaccine is the most energetic of all, not only when taken direct from the calf, but especially in its humanized form. Consequently, if we would obtain the most powerful protective lymph we should, when occasion offers, from time to time reproduce a stock of variola-vaccine.

CHLOROFORM-WATER. — (Medical Times and Gazette.) This application, which is much employed in Paris is prepared as follows: An excess of chloroform is poured into a bottle three parts filled with distilled water, and, after repeated shaking, the mixture is allowed to stand until the extra chloroform is deposited and the liquid quite clear. The transparent portion is then to be removed by a syphon, forming a saturated solution of ten grams of chloroform per liter. Applied on compresses, either in its pure state, or diluted with a half or its whole weight of water, it is found to relieve superficial pains; but when these are more deeply situated, a very hot linseed-meal poultice is first applied, which is afterward replaced by the compress of chloroform-water. Active revulsion is thus produced, which relieves the pain. Associated with a weak solution of opium it relieves vague dental pain; and with syrup of morphia it is successfully given internally for various forms of *malaise* from indigestion, such as gapings, eructations, sense of weight, etc. It is also useful as a palliative in cancer of the stomach. — *Union Medicalé.*

AN excellent formula for tonic pills (Medical Press):

Reduced iron,	1 gr.;
Ext. cinchona,	4 grs.;
Arsenious acid,	$\frac{1}{10}$ gr.;
Ext nux vomica,	$\frac{1}{5}$ gr.;
Gentian,	q. s.

For one pill. One three times a day.

THE RELATIONS BETWEEN DENTAL LESIONS AND DISEASES OF THE EYE.—Mr. Henry Power read a paper on this subject. (The British Medical Journal's report to the Odontological Society of Great Britain, November 5th.) It was only within the last sixty years that any connection between dental lesions and affections of the eye had been noticed by writers on ophthalmic diseases. Travers and Frick, in 1824 and 1826, were the first who made any reference to this connection, and they only mentioned difficult dentition as one of the causes of strabismus. Since that time, however, knowledge on the subject had been gradually added to by various observers. That there was such a disease as reflex sympathetic ophthalmia had long been known, since this was constantly being brought under the notice of ophthalmic surgeons by cases in which injury to one eye was followed, after a period of very variable duration, by inflammation of the uninjured eye, of a low but steadily progressive type, generally leading to more or less serious impairment, or even to complete loss of vision. It was well known also that injuries affecting the first (ophthalmic) division of the fifth pair might affect the eye of that side, and there were good reasons for believing that damage to other branches of the fifth pair might be the cause of ophthalmic troubles. Cases confirming this view were referred to. The existence of this connection with reference to dental nerves was specially dwelt upon by M. Delestri, in an essay published in 1870, in which he reported several cases of visual disturbance occurring in connection with odontalgia. The fact that dental irritation might, under certain circumstances, set up reflex irritation of the eye could not now be doubted. This might express itself in any of the following ways: The reflex irritation might affect the striated or unstriated muscles, the mucous membrane and cornea, or the optic nerve and retina, and intra-ocular tissues. One of the commonest forms of visual disturbance induced by dental disease *was loss or failure of the power of accommodation*, due to paralysis of the ciliary muscle. Dr. Hermann Schmidt, of Berlin, who had specially investigated this point, had found diminished power of accommodation in nearly eighty per cent of patients suffering from various forms of dental irritation, the failure being most marked in young subjects. Cases are on record in which paralysis of the iris and exophthalmia had been caused by dental irritation, but these were of rare occurrence. Strabismus was not so often due to dental causes as had at one time been believed; still such cases did occur, as did also cases of the levator palpebræ, and of the orbicularis palpebrarum, supplied by the third and seventh nerves. Severe conjunctivitis not unfrequently resulted from this cause; and Mr. Power narrated a case which had come under his own observation, in which an abscess of the cornea seemed to be intimately connected with the presence of carious teeth on the same side, resisting all treatment until they were removed, when the inflammation gradually subsided, though not without leaving great impairment of vision. He then went on to quote some remarkable cases in which amaurosis had been induced, and in which, after a relapse of several months, the offending tooth had been abstracted, and the sight of the eye completely regained. Lastly, the relation of dental irritation to glaucoma was referred to, the result of various investigations going to prove that, where other circumstances predisposed to the disease, the irritation of a carious tooth might be a very active exciting cause. In conclusion, Mr. Power said that in most forms of eye disease, especially in cases which resist ordinary treatment, the condition of the teeth should always be examined, and if faulty conditions present themselves, these should be at once rectified; thus one at least of the possible causes of these diseases will have been removed.

A MEANS OF ASCERTAINING THE COURSE OF THE SMALL BOWEL IN THE OPERATION OF ABDOMINAL SECTION.—R. Frank Rand, M. B., F. R. C. S., in British Medical Journal, December 22d, says: It is confessedly difficult to distinguish the upper from the lower end of a knuckle of small intestine presenting at an abdominal wound; yet it is often desirable to know this when practicing abdominal section for the relief of internal intestinal obstruction, or in attempting duodenostomy, so called. Operators have ere this passed feet of intestine through their hands, uncertain as to whether they were proceeding upward or downward in the direction of the tube.

The jejunum and ileum, loosely moored to the spine by the mesentery, are the districts of the bowel usually in question. The mesentery, at its free border, follows the windings of this portion of the gut, and is correspondently complex; but, on approach-

ing the spine, it rapidly narrows, until, at its attachment along the front of the column, its root is but about six inches in extent. This attachment of the root, extending, it will be remembered, from the left side of the body of the second lumbar vertebra to the right sacro-iliac synchondrosis, follows roughly the middle line of the body, its two surfaces facing nearly right and left.

The relation of the bowel to the root of the mesentery furnishes a sure guide to the direction of the bowel; for, if the piece of bowel which presents at the abdominal wound be held in a line with the body, and the bowel be in its true direction—that is, the apparently upper end be really so—the hand, passed along the side of the bowel and backward toward the spine, will be guided by the mesentery—if this last be held out taut from the spine—to the same side of the spinal column. Thus passed to the right side of the bowel, the hand will be conducted by the mesentery to the right side of the column; to its left side, if passed to the left of the bowel. Here, at the mesenteric root, the hand may be passed upward and downward, without hindrance, along its attachment. But, should the apparently upper end not be really so, the hand, passed to the right of the bowel, will be guided by the mesentery over to the left side of the spine; passed to the left of it, it will be guided over to the right side. In explanation, we may look upon the mesentery as a partition dividing the abdominal cavity into two compartments, having a simple arrangement of right and left posteriorly at the spine, but completely arranged toward the free intestinal border.

The above method has been tried, always with the correct results, by several of my friends and by myself, when making post-mortem examinations. It seems to me to be worthy of trial on the living, and will, I hope, in some cases, clear away doubt.

Let Nature Remove the Placenta.—In *Deutsch. Med. Woch.* Dr. Dohrn thus sums up his experience (Obs. Gaz.):

1. In one thousand lying-in women, in whom the expulsion of the placenta was left to nature, the results were far better than in one thousand others in whom Credé's method of expulsion was used.

2. The one thousand lying-in women, in whom the placenta was spontaneously expelled, had considerably less hemorrhage and fever after delivery. In those cases treated by Credé's method portions of the membranes were frequently retained, and there were more fatal cases than in the others.

3. The advantages which are conditional to the method of Credé are especially seen in the cases in which the placenta is expressed during the first five minutes. After a long time the expression was more complete, but never as safe as by the spontaneous method.—*Medical Age.*

Resection of the Stomach.—At the Medical Congress of Olten, Profs. Kocher, of Berne, and Socin, of Bâle, presented a report of cases of cancer of the pylorus treated by resection of the stomach. Thirty cases of resection of the stomach have been reported in Germany alone; of these, ten have ended in recovery. In twenty-six of the cases there was cancer, and in four ulcer of the stomach; three of the latter made a rapid recovery; seven only of the cancer cases recovered. In two of the latest cases, occurring in women forty years of age, the digestive functions were completely re-established.—*Brit. Med. Jour.*

Obesity and Brain-Work.—Our contemporary, Health, last week refers to the working power (mental) of stout men. (Medical Press.) After giving some notable instances, it says: "And there is at present an English physician weighing over twenty stone (280 lbs.), who is second to none in his great mental powers, versatility, and brilliant power of writing and speaking." Of whose corporeal and mental capaciousness does the editor here speak?

[Why, of J. Milner Fothergill, of course. Who else, in Britain is so vast of body and prolific of pen as the weighty, witty, and wise Fothergill?]

ARMY MEDICAL INTELLIGENCE.

Official List of Changes of Stations and Duties of Officers of the Medical Department, U.S.A., from December 29, 1883, to January 5, 1884.

Appel, Daniel M., Captain and Assistant Surgeon, having relinquished the unexpired portion of leave of absence granted by S.O. 68, Hdqr's Division of the Atlantic, November 16, 1883, and reported for assignment, assigned to duty at Fort Porter, N. Y. (Par. 2, S.O. 247, Dept. of the East, December 29, 1884) *Havard, Valery*, Captain and Assistant Surgeon, assigned to duty in charge of office of Medical Director, Dept. of Texas, during the temporary absence of that officer. (Par. 2, S.O. 164, Dept. of Texas, December 31, 1883.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JANUARY 19, 1884.

Original.

PRONUNCIATION OF MEDICAL TERMS.*

BY H. STILLSON, A. M., M. D.

It may never have been your misfortune to listen to Dr. Gardner while telling his story about the Irishman suffering with "syph-é-lis," and of the other Irishman who complained of gon-ó-rha," but you have doubtless had patients consult you about the "jaler-janders" or the "brown-keters," or possibly the "serious-old-final-come-and-git-us." Dr. Larkin tells me he once treated a case of "gastricity of the stomach" and heard of a case of "tonsillarity." So that, really, the patient's mispronunciation is often more serious and alarming than the malady itself. I shall never forget a story told by Dr. Robert Moore, of Weston, Ky., about a man whose son was sick of typho-malaria. When asked what was the matter with his boy, the man replied, "Wal, I reckon the doctor called it the 'timon-taly.'" After such a brilliant display of ignorance as that we can forgive, with good grace, Mrs. Partington, who feared that there was "something the matter with Ike's elementary canal." But there are cases we can not forgive. Some time ago a man came hurriedly to my father's office saying, "Doctor, I want you to go to see my wife quick. She has just had a child before the time, and the women at the house say the alphabet won't come away." Truly, there are "books in running brooks."

But, really, we have no right to "poke fun at the laity" when we ourselves make such egregious blunders. And, recognizing the necessity for uniformity of pronunciation, I shall, at the risk of being called a purist, refresh your pure minds by way of remembrance of a couple of rules, first as to accent, second as to quantity.

*Read before the Mitchell Dist. Med. Soc. Dec. 27, 1883.

I. Words of two syllables take the accent on the first syllable; as, cóhosh, con′nex. Words of more than two syllables take the accent on the penult if the penult is long, otherwise on the antepenult. Hence, we should say:

Albu′men	not	al′bumen
Abdo′men	"	ab′domen
Enter′ic	"	en′teric
Vagi′na	"	vag′ina
Cere′brum	"	cer′ebrum
Duode′num	"	duod′enum
Purpu′ra	"	pur′pura
Maxil′la	"	max′illa
Sole′us	"	sol′eus
Masse′ter	"	mas′seter
Sag′ittal	"	sagit′tal

On the antepenult we have the accent in such words as

Em′esis	not	eme′sis
Cho′rea	"	chore′a
Cor′onal	"	coro′nal
Cor′pora	"	corpo′ra

II. But our errors usually lie in the line of "quantitivation." We give the wrong sound to the right vowel. (1) Now, you remember, vowels are *long* in the following situations:

In final syllables ending in a vowel, as, *rāphē*. In all syllables before a vowel or diphthong, as, *pīa mater*, not *pĭa mater*. In penultimate and unaccented syllables, not final, before a single consonant or a mute with *l* or *r*. Hence we have:

Sācrum	not	săcrum
Cāput	"	căput
āpex	"	ăpex
ānus	"	ănus
āqua	"	ăqua
Squāma	"	squäma
Sēra flāva	"	séra flăva
Digitālis	"	digităl̆is
Scarlatīna	"	scarlatĭna
Phthīsis	"	phthĭsis
Coītus	"	coĭtus
Irītis	"	irĭtis

And so with all words ending with *itis: bronchītis, arthrītis, pericardītis, meningītis*, etc.

But words ending in *ine* give the French sound to the letter *i:*

Proteïne not proteīne
Caseïne " caseīne

And so on through the list of such words as *iodīne, chlorīne, bromīne, theorīne.* However, *quīnīne* is an important exception to this rule.

2. Now, vowels are *short* in the following situations:

In all syllables before *x* or any two consonants (except a mute with *l* or *r*) as

Lĭthŏtrity not līthotrity
Cĭrrhosis " cīrrhosis

In all accented syllables before one or more consonants except the penultimate, as, *pĭneal*, not *pīneal.* But there is an exception to this rule that is more important to *us* than the rule itself, viz., *a, l,* or *o,* followed by one or more consonants followed by *e, i,* or *y,* has the *long* sound, as,

Crānium not crănium
Rābies " răbies
Scābies " scăbies
Cāseine " căseine

This, then, finishes the rules for the pronunciation of medical terms. But I can not close this hasty paper without a word about the evolution of medical terms, in the hope that something may be said that will elicit a suggestion as to how therapeutic and pathologic nomenclature may undergo an evolution somewhat similar to that of botany and chemistry. We need a natural method of naming diseases. See how we grope. We do not know whether to call it lung fever, catarrhal fever, pneumonia, or pneumonitis. I think our trouble lies in our miserable anatomical names. They should be chosen with reference to the function rather than the appearance of the parts. Pathological names if based on these, would refer to both deranged function and deranged parts. Remedies should be named with reference to their physiological properties rather than their botanical origin, and all names should be compounded of English terms rather than Latin or Greek, since English is speedily becomingly the language of the world.

BEDFORD, IND.

A CASE of resection of a portion of intestine at the Royal Infirmary, followed by recovery, is mentioned in the Medical Press, December 19th.

TRUE ease in writing comes from art, not chance,
As those move easiest who have learned to dance.

Miscellany.

SHOELESS HORSES.—Mr. George T. B. Watters writes, in the British Medical Journal: For the last three years I have entirely discarded the old form of shoes for horses. During this time, I have had in my stable five horses, for periods varying from two and a half years to six months. Their ages at the time of purchase, have been: in three cases, six years; in one, eight; and in another, about ten. First of all, on getting a new horse, I take off his shoes, sometimes weighing one pound each or more, and substitute light Charlier steel tips weighing about two ounces, which are let into the hoof by cutting a shallow groove in the hard outer horn. These allow the heel to rest on the ground, as they only circle the hoof to about two thirds of its extent, and permit the natural expansion to take place when the foot is in this position. For a few days, perhaps, the horse will go a little tender on his feet, especially if the frog has been previously much cut away, as is usually done by blacksmiths. The horse will soon become accustomed to the new order of things; and, if carefully put on, the tips will remain on quite as long as ordinary shoes. Meanwhile, the portion of hoof which is allowed to rest on ground is gradually becoming harder, and the whole foot is slowly filling up with callous horn, except the heel, which remains a soft pad to lessen the shock of concussion. It takes almost a year for a hoof to assume this condition; but long ere that period has elapsed, it is possible to run the horse for short intervals without shoes at all. For instance, when a steel tip drops off at the end of, perhaps, six weeks, I allow the hoof to become worn down until tenderness is shown before putting on another. Under no circumstances should the frog be touched with the knife. At the end of ten or twelve months, it is quite possible to run a horse which has made a good hoof without any shoes. This I did last summer, for about four months, in the case of a horse seven years old, which I bought a year previously. I found, however, that when the roads became muddy in the autumn, he began to go tender, due, I think, to the increased friction and consequent wear of hoof on the wet roads, as compared with the dry roads in summer. In no case have I found lameness or any other than a good result to follow this method.

This plan of shoeing seems to me to have, among others, the following advantages: (1) Horses do not require to be so frequently shod; in summer, at least, it is possible to run a horse without shoes. (2) Horses shod in this way never have corns or tender feet, except just at first; the legs are saved the shock of the concussion of a heavy iron shoe on a hard road; the legs do not become swollen after a long run. (3) It is impossible for a hoof of this kind to take up snow in winter, or a stone when the roads are newly macadamized. This does away with the dread of slippery or snow-covered roads, and the necessity for "frosting."

Cases Illustrating the Relation between Labial Herpes and Rigor.—Mr. Charters J. Symonds, in the Medical Press, says his attention was first called to the connection between the phenomena by a personal experience in 1880. After unusual exercise in the open air a severe rigor, lasting five hours, followed by profuse sweating, ensued. The temperature reached 105° F. The next day no ill effects were experienced, and the health was as good as usual. Two days after the attack an abundant crop of herpes appeared on the lips and tongue, unaccompanied by any other symptom. The factors considered to be acting in producing this attack were fatigue, exposure to the sun—the air, however, being only moderately warm—a sensation of dread experienced when about to plunge into the water from a boat, followed by undue chilliness. Other cases in which a rigor preceded herpes were given, viz., ague, operations on the urethra, erysipelas, that is, to show that there was nothing peculiar to the form of disease, and that therefore the eruption had no special connection, as seemed to be thought, with pneumonia, but indicated that this disease had come on suddenly and severely with a rigor. From these facts it was considered that labial herpes was directly due to the rigor. It was also pointed out that the accompanying pyrexia was not alone sufficient to produce the herpes, as the latter was absent in many well-known febrile affections. Again, herpes did not appear after every rigor. Some other factor therefore appeared to exist, but what this was remained in doubt. It seemed equally difficult to explain why the second and third divisions of the fifth nerve should be specially selected, its occurrence over the distribution of the first being rare. It was pointed out that with a common "cold sore" there was always some chilliness, and that perhaps in those where the herpes exists without catarrh some unrecognized cause, such as fatigue, may have acted, or that this eruption may be a disease of itself attended with its own fever and rigor. Verneuil was referred to as describing a traumatic herpes. It was suggested in conclusion that a rigor is a necessary precursor of labial herpes, but that some factor other than pyrexia is associated with it. The author also inquired as to how far simple fatigue might be considered to be a cause of rigor or of more severe affections.

Tubercle without Bacilli.—The subject of the bacillus of tubercle may still be regarded as in the ascendant. (Lancet.) Not to magnify the incidents in the progress of our knowledge, we may yet take cognizance of some new phases in the question which we owe to the industry of MM. Malassez and Vignal. There seems to be no doubt that tubercular lesions exist which possess very few or even no tubercular bacilli. Also, it can not be denied that the shortcoming lesions are tubercular. Inoculations made on animals with some of the tubercles which were wanting in bacilli nevertheless led to the development of lesions in which plenty of micro-organisms could be detected. But this was not invariably the case, for, instead of bacilli, zooglea-like masses of micrococci and other forms might be found. The authors interpret the facts as meaning that the bacilli have anterior stages, in one of which they can not be recognized at all, and in the other only under the form of aggregations of micrococci.

Atrophy of the Olfactory Nerves.—(Med. Times and Gaz.) In relation to a case mentioned at the *Société de Biologie* by M. Lebec, in which, on dissecting the brain, he had found that the olfactory nerves were absent, although the sense of smell was not interfered with, M. Duval observed that he believed that this contradiction did not really exist, and that the olfactory nerves were really only atrophied and reduced to some thick fibrillæ beneath the pia mater. Such fibrillæ he has found in the pituitary, and these would suffice for the ordinary sense of smell. Civilized man, in fact, possesses, M. Duval added, an olfactory apparatus disproportionate to his needs, and nine tenths of it might be destroyed with-

out the olfactory power being notably modified. This would not be the case with savage man, who utilizes all his olfactory fibers. There is, indeed, reason to believe that the atrophy observed in the nerves of this brain is destined to become the rule in civilized races. It is the same with the teeth, of which we have thirty-two, while twenty-eight are all that are necessary; and the wisdom-teeth tend to disappear, so that in the course of some thousands of years they will have done so completely.—*Gazette des Hopitaux.*

Value of Recreation.—Says the Lancet, "Looking to the personal history of men who have served long as well as prominently in political life in England, who have not only made their mark but maintained their position in the front rank of active statesmanship, it must be evident that physical development by manly sports in early life, and physical fitness secured by perseverance in some form of muscular activity at and past the meridian of life, are fully as much necessary conditions of success as intellectual ability and mental power. Those who have not been in vigorous possession of physical health have succumbed, or they have proved *uncertain* and *impulsive* rather than persistently powerful as statesmen and administrators."

A Dangerous Pomade.—In the *Annales de la Société Médicale de Gand* (British Medical Journal), Drs. Van der Mursch and De Visscher describe the symptoms during life, and the results of the necropsy, met with in a child two years of age, who died in five hours from swallowing half the contents of a bottle containing one hundred and fifty grains of nitro-benzine, procured by its mother for making pomade. The dangerous nature of this highly poisonous liquid is too little known, notwithstanding that deaths from its use are become by no means uncommon. The symptoms observed in the above case were, first, somnolence, followed by agitation, delirium, and convulsions. There was no disturbance of the digestive organs.

Luminous Harness.—We have lately heard of an ingenious application of "luminous paint," which may be useful to those who drive at night. (British Medical Journal.) This paint, as is well-known, absorbs light by exposure during the day and gives it out again in darkness. When portions of prominent parts of a horse's harness, as the blinkers or the collar, are coated with luminous paint, the parts so treated become quite visible in the dark, and so the position of a horse may be clearly indicated. Luminous night-blinkers will be a useful novelty on dark roads.

Impure Drugs.—Any one familiar with the drug trade must be aware of differences in the prices of articles offered which can only be explained to business men on the principle that one sample is pure or fresh, whereas the other is impure or spoiled by keeping; and many of the so-called cases of idiosyncrasy are due to the fact that the intended dose has not been administered. (Lancet.) Nitrite of sodium is a new drug, and we need not wonder much at the initial difficulty of obtaining the unadulterated article; but digitalis, belladonna, and quinine are long established and in constant use by all practitioners. It might be thought that these familiar medicines would long ere this have obtained a recognized place in the confidence of medical men; but, whether from deterioration on the shelves or from direct dishonesty, it is certain that in a vast number of instances the anticipated effects do not follow their use. It is not necessary to adduce examples of the vagaries of drugs in a variety of doses; the important question is, How are these vagaries to be accounted for and remedied? The first suggestion we would make is that practitioners generally should more frequently use the chemical or physiological tests open to them as a safeguard to their patients. It is far too much the custom to allow responsibility to cease as soon as the prescription is written, and nothing would deter the dispensing chemist from the use of stale or impure drugs so much as occasional evidence of watchfulness on the part of the physician. Serious consequences have recently followed the use of drugs supposed to be genuine by the local chemists, and in Scotland two of these gentlemen have paid heavy damages, apparently as the scapegoats of firms on whom they relied. The matter of dosage, now so uncertain, should be reconsidered by competent men, and one or more of our active societies might here find a most profitable field for the labors of a committee.

Dr. Sedan (*Gazette des Hôpitaux*) reports the case of a young man, nineteen years of age, who for nine years was in the habit of taking daily between one hundred and one

thousand grams of ether. When first seen by Dr. Sedan, at ten years of age, he had anemia, with a souffle accompanying the first sound of the heart, but preserved nevertheless a very satisfactory general condition. He became one of the most promising students of the Lyceum, was quick, brilliant, intelligent, laborious, and successful. He confided to Dr. Sedan that he drank ether, and that was the secret of his success; he reasoned like a man, and promised not to use the stimulant except to assist the efforts of his intelligence. From the time he commenced increasing amounts of ether, twenty to thirty, fifty, eighty, one hundred grams a day, and as much at night in vapor. Still he was at the same time engaged in working out the most difficult questions in the higher mathematics. Neither parental authority nor medical advice availed to break him of the habit. He finally consumed nine hundred to one thousand grams a day, mostly by the mouth. He was undersized, and with a feebled constitution. No immediate disturbance showed itself at first, and he finally died of mitral insufficiency. During the last year of his life he used both ether and morphia subcutaneously.

Weston's Walk.—From the British Medical Journal: After the completion of his twenty-fourth day of fifty miles, Weston passed a very restless night at Ely. Next morning he was unusually drowsy, and had to take an hour's sleep on walking about nine miles. His heel, too, was again painful and stiff; but, after the morning rest, he did mile after mile within the quarter of an hour. Invigorated by the usual two hours rest in the afternoon, and by a substantial dinner, the pedestrian walked into Bedford at the rate of four and a half miles an hour, a pace he had kept up for nearly four hours. Thus pluckily did Weston complete a quarter of his entire task, or one thousand two hundred and fifty miles. He was rewarded by a good night's rest, after which he set out on his twenty-sixth day's journey, in excellent form, at about half past four o'clock, A. M., reaching Northampton at seven minutes past eight P. M., where he was escorted to the Town Hall by a band of music and an immense concourse of spectators. Next day, Weston's walk was from Northampton to Coventry; and his walking has been so fast, that he entered the latter town, at the close of forty-two miles, by twenty minutes past four in the afternoon, long before he was expected to arrive. The object of this ruse was to prevent the assembling of a great crowd, which might again have impeded his progress. The remaining eight miles were accomplished at the Corn Exchange. On the succeeding day (Saturday) the genial, spring-like weather tempted a clergyman and another friend to accompany Weston, and they walked with him all the forty-one miles to Droitwich. "The wonderful wobbler's" heel was very sore after his rapid performance on the preceding day; but after a few hours' walking the stiffness wore off. The last nine miles were covered at the Salters' Hall. In addition to Sundays, it was not thought right that Weston should walk on Christmas day; and the physicians who drew up the conditions laid down that the fifty miles that would have fallen to Christmas day were to be made up during the secular days in the same week. Accordingly, Weston left Droitwich on Monday by five minutes past three, completing the ten miles to Kidderminster in two hours and three quarters. At the latter place he walked partly in a cricket-field and partly in the Drill Hall, till nearly midnight, by which time he had covered sixty-eight miles. On Christmas day he rested at Kidderminster, going thence to Birmingham on Wednesday.

The Physiological Action of Coffee. According to the result of experiments recently made by Messrs. Couty and Guimaraés to ascertain the precise physiological action of coffee, that beverage is not a preventer of tissue-waste. (British Medical Journal.) The maintenance of nutrition is, no doubt, improved by its consumption, as Gubler asserted; but simply because it involves an increased assimilation of nitrogenous food through improving the appetite, when not taken in excess, and thereby encouraging its consumer to take nutritious food.

The Cholera Germ.—Dr. W. G. Balfour, of Bombay, who has devoted much pains to investigate the causes of cholera (Lancet), and who recently pointed out that the consumption of certain kinds of fish at particular periods of the year seemed to play a part in the production of the disease, has now announced the discovery in the blood of one of these fish—the Banela or Bombay ducks — of bacterial organisms resembling those which Dr. Koch found in the intestines of cholera patients in Egypt.

The Louisville Medical News.

Vol. XVII. SATURDAY, JAN. 19, 1884. No. 3

L. P. YANDELL, M.D., - - - - - - }
H. A. COTTELL, M.D., - - - - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

CATHETER FEVER.

In a recent number of the British Medical Journal is published an address on Catheter Fever, delivered before the Medical Society of London, December 17, 1883, by Sir Andrew Clark, which gave rise to a most interesting discussion among the eminent surgeons present, and brings before the profession several points of great practical moment.

The speaker introduced the subject with a brief description of two cases in which death seemed to be directly traceable to a train of grave symptoms set up by the habitual use of the catheter, or, as he states it, by the entrance of the patients into "catheter life."

The first patient was a medical officer, who, in 1850, was serving a term in the Haslar Hospital (a man between fifty and sixty years of age, of nervous constitution, but apparently in robust health), in whom Sir Benjamin Brodie had diagnosed enlargement of the prostate gland, with incomplete emptying of the bladder, for the relief of which this surgeon drew off a large amount of urine, and prescribed the daily use of the catheter. The officer returned to the hospital, did well for a week, but then complained of *malaise*, weakness, general pains; lost his appetite, had a tormenting thirst, nausea, and fever, took to his bed, grew worse, and died in spite of all attempts to relieve him.

The second case was seen in 1865, in the practice of Mr. Peter Marshall. The patient, otherwise in good health, had some affection of the bladder, with difficult micturition, and was "placed upon the daily use of the catheter." He did well for a week, then became ill, and suddenly went down into a typhoidal state, from which he died in spite of food, alcohol, quinine, and aperients, which were judiciously given him. A post-mortem was held, but no lesion was found in the bladder, urethra, kidneys, or any other organ which could account for the symptoms presented by the case.

By way of comment Sir Andrew says: "The study of this case gave birth to the opinion (now a confirmed belief) that the entrance upon catheter-life occasionally gives rise to a pernicious fever, which, in the majority of instances destroys life, and is sometimes, without the intervention of any sensible structural change, sufficient to account for death."

The author then sketches briefly the history of catheter fever. In the year 1800 it seems to have been "known, but not distinctly expressed, that surgical interference with the urethra and bladder . . . was sometimes followed by an irritative fever." In 1810 "Moffait described a case of chronic stricture of the urethra, in which simple catheterism was followed by rigor, irregular fever, purulent arthritis, and death. In 1832, ideas concerning the causal relationship of catheterism to consecutive fever first found form and expression in the writings and teachings of Brodie, Velpeau, and, perhaps, of Civiale." From this on down to 1877, the writings and teachings of the leading English and Continental authorities upon this subject are passed in rapid review, the authors quoted being Phillips, Marx, Sir Henry Thompson, Sir Joseph Fayrer, Sir James Paget, Banks, of Liverpool, Malherbe, and Marcus Beck.

Various causes for catheter fever are cited by these writers, such as resorption of urine, nephritis, diatheses, and chronic disorders of general health; uremia from functional or structural renal derangement; pyelitis, with dilatation and marked derangement of renal structure; a malarious state; shock through the sympathetic nervous system, and uremia from renal insufficiency set up by reflex action through the cerebro-spinal and sympathetic nervous systems.

In closing his address the author says:

It will be seen from this rough historical retrospect that catheterism is occasionally followed by a fever which has received the various names of urethral fever, urethro-vesical fever, urinary fever, uremic fever, catheter fever, and so forth; that, in some cases, this fever is dependent upon or associated with purulent arthritis, ordinary pyemia—what is known in England as surgical kidney, or interstitial nephritis—and that, in a small percentage of cases, no adequate structural cause of death has been found. Now, it is of this last variety of fever alone that I make the following propositions:

1. About middle life, in men perfectly healthy, or with no discoverable evidence of disease except, perhaps, and even then not always, a low density of urine, the commencement of the habitual use of the catheter is sometimes followed by fever of the remittent type, which often ends in death—and, for the fatal issue in such cases, no adequate structural explanation can be found.

2. It is important that such a fever, arising in the midst of apparent health from such a seemingly small cause, and leading so often (as it certainly does) to a fatal issue, should be well and widely known, lest death should take the friends of the patient by surprise, and arrangements necessary to the welfare of a family should be left unmade.

3. Although it is well known that in persons affected with renal disease, or in chronic gout, or with grave disorders of the general health, the commencement of habitual catheterism is attended with peril to life from secondary fever, the fact that this fever may arise in what seems to be good health, and, without the mediation of any visible structural lesion, issue in death, is not well known, or at least well known only to a few, and has, I repeat, no adequate place in English surgical literature or in the English surgical teaching of this time.

4. This fever is neither distinctly uremic nor distinctly pyemic; although having some of the characters of each, it has all the necessary characters of neither. Probably it begins in the nervous system. Probably the disturbance of the nervous system reacts, in the first instance, upon the general metabolism of the body, and, in the second instance, upon the secretory organs, beginning with the kidney. The effect upon the kidney may consist either in structural alterations of the kidney, invisible by the aid of our finest instruments of research, or, as seems to me much more probable, in alteration of the constitution of the blood, the dynamic condition of its constituents in the renal vessels essential to the elaborative action of the secretory cells thereof; and, lastly, the concurrence of these conditions may be, and often is, enforced by septic re-absorption into the blood.

5. A more complete knowledge of this variety of fever and of the conditions of its origin, maintenance, and increase, may, at least we may hope, lead to a material diminution of its mortality; and, even now, by treating in a serious manner entrance upon catheter life, by taking the precautions set forth by Sir Henry Thompson, by great temperance in the use of foods and stimulants, by rest, warmth, and by other general means, such mortality may possibly be very considerably diminished.

Of these five propositions, the one at the present moment most open to attack is the fourth, wherein it is asserted that this fever is not distinctly and exclusively uremic. For, in these days, it has come to pass that almost every writer of distinction adheres to the view of the uremic origin and nature of catheter fever, or the thing known under that and other names, and I am, as it were, left by myself very imperfectly armed to oppose it. I oppose it. I ground my opposition to the exclusively uremic theory upon the fact that the phenomena of catheter fever, not as they exist at a particular moment, but in their assemblage and in their progress together, are different from those of the ordinarily recognized uremia. The duration is at once longer and shorter: longer than that of acute uremia, and wanting its headache, its perversions of sensation, its changes in the urine, its convulsions, its profound coma; shorter than that of chronic uremia, wanting its neuralgias, its recurring headaches, its defects of sight, its itchings of the skin, its vomiting, its characteristic breath, its attacks of dyspnea and palpitations, its painful nervousness, its low temperature. Furthermore, the urine of the catheter fever—of this variety, at least, of catheter fever—is always loaded with micro-organisms of various kinds; and, although it is deficient in urea, and contains more or less albumen, it deposits no tube-casts, and it is capable of amendment. Lastly, while chronic uremia issues in death, catheter fever may issue—sometimes does issue—in complete recovery. Except in its long duration, in its occasional rigors of great severity, and its exceptional clearness of mind, the phenomena of what is called e 'ocardial fever resemble more nearly those of the fever which I have called fo

the moment catheter fever than any other malady with which I am acquainted.

Two questions of a practical kind arise out of this study of the history of catheter fever. Seeing that by almost universal assent the fever originates at least in a disturbance of the nervous system, and seeing, furthermore, that in the cases accessible to me, at least, there is no account of the fever following in cases where narcotics or anesthetics have been used, may it not be that the fever is capable of being cut short by the administration, on entering upon habitual catheterism, of narcotic or anesthetic remedies? I remember that my great master, Syme, in Edinburgh, with a reason which his instincts very often knew better than his understanding, invariably gave his patients, whom he had to catheterize, opium, frequently a grain or two from the very beginning, and I must also add that he was singularly free from catheter-accidents. The second question is this: assuming the presence of the fever, and seeing that quinine has signally failed in controlling it, what are the drugs to be employed on such occasions and what is the sort of hygienic management to be followed, especially in respect of food and alcohol which are so variously used on such occasions, in order that the fever may be brought, if it be possible, to a successful ending?

The discussion which followed this address was of remarkable interest, Sir William Thompson, Mr. Berkley Hill, Mr. Harrison, Mr. Savory, and Sir Joseph Fayrer, commenting upon the views of the author in a style befitting men of great learning and experience.

The practical bearings of this question are plain, and may well engage the serious attention of the general practitioner, since, aside from the cases which, from stricture or stone, require the introduction of instruments into the bladder, he is often consulted by old men, with enlarged prostate, whose difficult and incomplete micturition can be relieved only by the daily use of the catheter.

In these cases the physician should bear in mind that his patients are called upon to accommodate their urinary organs to a new state of things, namely, as Sir William Thompson puts it, the substitution of an empty for a previously full state of the bladder, with the mechanical irritation set up by the daily use of the catheter.

Whether this form of fever be due to incomplete emptying of the bladder, which, by inducing a general systemic derangement, favors the development of the disease, as Sir William Thompson believes; or to chronic interstitial nephritis, the result of obstruction and backward pressure, as Mr. Berkley Hill maintains; septicemia from slight absorption of decomposed urine, as taught by Mr. Harrison; or the phenomena of shock, as Mr. Savory and Sir Andrew Clark are inclined to think, it is certain that old men with enlarged prostate are, like girls and boys at puberty, in a condition of delicate nervous equilibrium, which should not be lightly esteemed in submitting them to any long continued or oft repeated manipulation of the urethral tract.

The warning given out so clearly by Sir Andrew Clark is timely and salutary, and will doubtless result in the saving of not a few useful lives. And though, under the careless use of the catheter or sound, the majority of old men may escape the fatal complication above described, the wisdom of keeping such persons in bed in a warm room with appliances for careful nursing and feeding, and the administration of anesthetics and narcotics, must stand approved; while the doctor who disregards these precautions to the injury or death of his patient will find, in the suit for malpractice which in justice might follow such neglect, that he must go into court with the testimony of at least six of the world's great surgeons against him.

PROFESSOR WILLIAMS.

At his home, on the 15th inst., Dr. John T. Williams died, of cerebro-spinal meningitis, after an illness of three weeks.

One year ago he was called to the chair of surgery in the Hospital Medical College of Louisville, in which his work gave promise of rare distinction; but he was better known to the medical world as professor of anatomy in this school, a position which he filled with signal ability from the foundation of the college up to the time above

named. His attainments in this branch of science were of the highest order, and his lectures were characterized by accuracy, clearness, and felicity of expression.

As a man, though modest and retiring, Dr. Williams was noble, brave, and true to every trust; as a friend, sincere, self-sacrificing, and affectionate; as a student, systematic, pains-taking, and profound.

In his death, the science of medicine loses a young and gifted votary, and the cause of medical education an able and conscientious teacher.

Bibliography.

Some Recent Progress in Diseases of the Nervous System. By Talbot Jones, M.D., St. Paul, Minn. Reprint from The Alienist and Neurologist. St. Louis, January, 1884.

The Current, Vol. 1, No. 1. Issued every week, by Edgar L. Wakeman; Associate Editors, G. C. Cochran, G. C. Matthews. Chicago Publication Office, 5 Grand Pacific Hotel.

The Kansas City Medical Record, a Monthly Journal of Medicine and Surgery. Vol. 1, No. 1. January, 1884. A. L. Fulton, M.D., G. Halley, M.D., Editors and Proprietors.

The Æsculapian, a Monthly Journal of Medicine and Surgery. Edited by Edward J. Bermingham, A.M., M.D. Vol. 1, No. 1, January, 1884. Published by Bermingham & Co., 28 Union Square, New York.

A Study of the Tenth Census. The Increase of Insanity in the United States, its Causes and Sources. By Foster Pratt, M.D., Kalamazoo, Michigan. A paper read before "The American Public Health Association," at Detroit, Michigan, November 5, 1883. H. H. Everard & Co., Printers, Kalamazoo, Michigan.

Illustrated Medicine and Surgery. Edited by George Henry Fox, Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York, and Frederic Sturgis, Professor of Venereal and Genito-urinary Diseases, Post-Graduate Medical School, New York. Vol. 2, No. 4, October, 1883. Quarterly. New York: E. B. Treat, No. 757 Broadway.

Selections.

Bromide and Iodide of Sodium; their Therapeutic Advantages over Bromide and Iodide of Potassium.—Dr. T. J. Hudson, M.B., says, in the Lancet: Experiment has shown that potassium and its salts are much more poisonous than those of sodium on the entire organism, and much greater depressants, both general and local. Bromide of sodium is now very largely used in America in preference to the potash salt, and I was induced to try it fully after observing the bad effects of the latter when given in large doses for insomnia (among which were general depression, mental and bodily malaise, and irritability of temper the next day), or in smaller and long-continued ones for epilepsy, etc., an almost toxic effect being often induced, showing itself in mental weakness, clouded intellect, failure of memory, with an expression of hebetude, passing on to temporary imbecility, and also so-called "bromism," whether owing in part or whole to the potash remains to be seen, but doubtless due to a great extent to induced diminished elimination of carbonic acid. Its acrid taste (like salt water) is often objected to, and may cause diarrhea and vomiting in the feeble, anorexia and sour eructations. The bromide of sodium lacks many of these disadvantages. After large doses for insomnia, etc., there is much less depression, and in smaller ones for long periods the toxic effects are slight; so far I have observed no symptoms of bromism nor any skin eruptions. Neither dyspepsia nor acidity of the primæ viæ is caused by it, but these conditions are much diminished if beforehand existing; the taste is less objectionable; it constipates rather than the reverse, and has greater tonic action than the potash combination, but is contra indicated with much phosphates in the urine. There being rather less bromine in the soda than the potash salt, the former should be given in somewhat larger doses. Roughly, fourteen grains of the soda salt compound to twelve of the potash.

The following were some of the diseases I have treated exclusively by it. Of pertussis (uncomplicated) eighty-seven cases were treated, ranging in age from two months to twelve years, the dose varying from three grains to half a dram, not oftener than every three or four hours night and day, the average length of treatment being four to seven weeks. Twenty-seven were entirely

cured by the drug. Forty, not showing any great improvement after two or three weeks' treatment, had other drugs combined with it, and the remainder showed no improvement or failed to attend. The cases somewhat relieved were cured by bromide of potassium and belladonna liniment to the throat externally. The potash salt, therefore, has greater effect on pertussis than the soda one, owing to its greater depressant action on the cerebrum, etc., and I should give it the preference unless great weakness already exists, as in rickety infants and others. In women approaching the menopause and suffering from the usual train of nervous symptoms, with abdominal and cranial pains, tinnitus aurium and flatulent dyspepsia, the soda salt in half-dram doses causes less depression and sinking than the potash one, and the dyspepsia also is relieved and soon cured. In menorrhagia and metrorrhagia from whatever cause, there is no difference between the action of the two drugs. In the weary muscular pains following severe straining, as after diarrhea, etc., the soda salt is of great comfort, and brings on no return of the looseness, as the potash one often has done in my experience. In various forms of headache, neuralgia, and nerve excitement where a hypnotic is needed, the soda salt in large doses is followed by little or no sign of lassitude or sense of weakness, as is often seen after the potash one. This applies to insomnia from whatever cause arising, also to puerperal mania with great depression. The hypnotic action not being so great as that of bromide of potash, a larger dose (one fifth) was always given in these cases. It is also useful in incipient and pronounced delirium tremens, also in hysteria and chorea, and is longer than the other salt in making a decided impression when pushed in these cases.

In several severe cardiac cases, where pain and insomnia threatened to bring on dementia (and also in cardiac cases complicated with epilepsy) and where I feared the depressant and toxic action of the potash salt (hypodermic morphia being contra-indicated owing to renal disease), fifty to eighty grains of sodium bromide caused several hours' sleep without affecting the heart-muscle to any extent, this being given for many nights. It is also of great use in irritable and palpitating heart, without organic lesion, as in excessive tea and coffee drinking, and when of dyspeptic origin. In *petit mal* no difference was noted between the drugs, but in the graver form the soda salt could be administered for periods of eight or ten months (the longest time under observation) with far less toxic signs or those of depression. In seventeen cases where the drug was given for this period with great benefit up to ninety grains thrice daily, no signs of "bromism," etc., appeared. One interesting case in point presented itself, that of a boy, aged twelve, who had taken for epilepsy three or more drams of the potash salt usually thrice daily during four years. He had now a fit every two or three weeks, and but mildly. He frequently fainted, the pulse being slow and intermittent, and the bowels very confined. He had quite lost memory, was silly, and had always a curious expression of hebetude and languor. Several times he tried to drown himself, and would run about the streets naked unless closely watched. Up to the age of eight he was "like other boys," and had never experienced an accident or any head injury. The drug was omitted for six weeks, during which he had two fits (sixth week), and became more rational and intelligent. He was now put upon ten grains of sodium bromide thrice daily, and had no attacks for ten weeks, but then failed to attend.

Cases occur in which, great pain being suffered, opium or its alkaloid is inadmissible or injurious, as in renal disease, cancer of rectum, etc. I have tried the soda salt in several such cases, pushing it to ninety grains every two or three hours with some aromatic, and found it of great benefit. It has made the patient easy and comfortable, not having interfered with the excretions or secretions, nor produced any signs of "bromism." In five cases the drug was given for ulcers together as above. As a lotion for irritable throat or for spasm (as in fissure of anus) the potash salt is best. The iodide of sodium was tried in syphilis and aneurism. In the former it could be given in larger and more continued doses than the iodide of potassium without causing the depression of spirits, feeling of misery, anorexia, and irritant effects on the mucous membranes to any extent, but its action was slower on the nocturnal pains and also those of rheumatism. In aneurism it acted far less beneficially than the potash in depressing, etc., the circulation, though never objected to on account of its taste. Its alterative power seems greater, and iodism was not present even when pushed to one dram thrice daily, but the observations were not long enough to test this point fully. Clinical evidence thus shows that if we do not

wish a large quantity of somewhat poisonous potash to be present in the blood at one time, owing to the bromide of potash given, the latter must be taken in small doses over a long period; but often the best results are only attained by pushing the drug, and that for a considerable time. In such cases the bromide of sodium is better. It would also appear that the bromide and iodide of sodium are better than those of potassium if we wish for the action of the bromine or iodine only on the system, but, where we desire the depressing and sedative actions to co-operate, as in pertussis, aneurism, etc., then the potash salts are preferable, the alkali potash contributing by far the greater share towards these effects.

The Prevention and Treatment of Chilblains. — By Dr. Dawson Williams. We condense from the British Medical Journal, December 22d, the following which is apropos to this season: I doubt whether it can be correctly said that chilblains are local congestions. With the exception of the mildest and slightest cases, if even these can be excepted, there seems to me to be something more than congestion. The classical signs of inflammation, *rubor et tumor, cum calore et dolore*, are all present; indeed, a chilblain in its first or erythematous stage presents a remarkable illustration of a simple acute dermatitis. If neglected, a blain forms, and, under slight friction, gives place to a tender superficial ulcer; this ulcer is surrounded by skin which is inflamed and tender. It is this combination of a superficial and very vascular ulcer, with extensive underlying and surrounding inflammation of the skin, which is most characteristic of the latter stage of chilblain. The gentlest touch on the diseased finger gives pain; and the dread excited by the fear of a blow or rough handling may render the sufferer so miserably nervous as to lead him to avoid games and outdoor amusements. The best and quickest treatment, when a case has reached this stage, is to put the boy on the sick-list for a day or two, and apply poultices till the surrounding inflammation has gone down, when the ulcer will quickly heal under favorable conditions. Occasionally, beneath the blain, or even before it has appeared, a limited sphacelus involving the whole thickness of the true skin occurs; after this becomes detached, a deep ulcer with sharply-cut edges is left, but without any marked amount of surrounding inflammation. This ulcer is less painful than the condition above referred to, and heals slowly without difficulty, though it leaves an ugly scar. It is the first or erythematous stage that is most amenable to treatment. Counter-irritants do no good. An exception might, perhaps, be made with regard to iodine, which seems to act more as an astringent, and by hardening the outer layers of the epidermis may cause some pressure on the deeper layers of the cutis. Collodion is worse than useless; after drying, or even in the process of drying, it splits and cracks in various directions, and in each crack in the collodion a crack in the skin is liable to occur. Careful packing with cotton-wool is the most trustworthy treatment. A little calamine lotion applied first, and allowed to dry, will help to allay the distressing itching.

Chilblains are especially apt to occur when the weather is both damp and cold. As a boy, I have often gone through a fortnight's frost with no chilblains, or the very slightest; whereas, as soon as the thaw has set in, my hands have at once become covered with numerous chilblains. The explanation of this is, that in a thaw the air is charged with moisture, so that it is impossible to keep either boots or gloves dry, and the bared hand must be always moist. The evaporation, which under these conditions, is always going on, must necessarily keep the temperature of the parts continuously, for extended periods, below the normal. It is a mistake to wash the hands in tepid water; and warm water is not to be recommended. To plunge the hands in hot water, and then to raise the temperature still further by the addition of fresh quantities of still hotter water, certainly allays the irritation, diminishes the size of already existing chilblains, and aids in preventing the occurrence of fresh ones. The action of "hot water" is, as its recent use as a hemostatic has proved, essentially different from the action of "warm water." Further, I believe that hot water for washing the hands is beneficial, because they can be dried more rapidly and surely than when tepid or warm water is used. In children subject to chilblains, I should recommend woolen stockings and armlets reaching to the axilla; the use of very hot water for washing hands and feet, and rapid drying with a towel; and, finally, the exercise of the greatest care in seeing that boots and gloves are dried before use. The constitutional condition which underlies the pathol-

ogy of chilblains is, no doubt, benefited by the use of tonic remedies, such as iron-phosphate; but not, I believe, by cod-liver oil or high feeding.

On the Rélation of Disorders of the Female Reproductive Organs to Indigestion.—Dr. George Elder writes, in the Lancet: During the child-bearing period many of the pathological puzzles which the sex presents find their solution in a deranged condition of the organs of reproduction. Of these reflex phenomena, none come more frequently under our view than disorders of digestion; and when these follow apparent and recognized diseases, as pelvic abscess, ovarian prolapsus, or disorders of the endometrium—the causal relation is obvious. What I wish to draw attention to is that there are many cases of uterine derangement undetected and unrelieved, because the super-imposed stomachic troubles most overshadow the primary malady. In these cases most frequently there is no suggestion from the patient of other derangements than those for which advice is sought; and in many it is only after long and fruitless trials of anti-dyspeptic remedies, diet, change of air, that the true nature of the case is arrived at; often it is classed under the convenient, but vague heading, "neurosis."

The lack of information on this subject, in our works on general medicine and in gynecological literature, must necessarily have contributed to the errors of diagnosis of which the subjects of these derangements are so frequently the sufferers. It will be sufficient for my purpose to cite, among books on systematic medicine, Ziemssen's Cyclopedia and Bristowe's Practice; and, among special works, Barnes's Diseases of Women and the first volume of Ziemssen. It might be thought that rarity of occurrence is the reason why these cases should not be afforded opportunity for being discussed; but that this is foreign to the truth is borne out by the following extracts from Russell Reynolds and Henry Bennet. In his System of Medicine, the former says, "With a frequency far exceeding that of all those just enumerated must be mentioned diseases of the uterus," etc.; while the latter, in his work on Inflammation of the Uterus, says, "So continually do I observe dyspepsia under these circumstances that the very existence of severe disorder of the digestive functions in a young female, without any apparent cause, always induces me to question narrowly the state of the uterine functions."

In my experience these cases are not uncommon, and, from the reason that the prominence of the stomachic symptoms is apt not only to mislead the patient as to the organ at fault but also the medical attendant, their true significance is overlooked. The unmarried and the married present these derangements; and between the minor instances in which slight nausea or sickness on rising in the morning, after a fatiguing walk, or during menstruation, is complained of, and those in which stomachic irritability or persistent pain threaten life by inanition, there are manifold degrees of severity. So closely do they sometimes counterfeit ulcerative change that I have known cases in which malignant disease had been diagnosed when direction of the treatment to the local uterine trouble soon changed the complexion of affairs. The narration of two typical illustrations may be useful in giving point to my remarks.

The first occurred in a woman between thirty and forty, who had borne several children. When visited she was extremely emaciated and feeble by reason of persistent sickness. For weeks she had been confined to bed, and her sufferings, which were acute, were all referred to the epigastrium. The gloomiest of prognoses had been given, and treatment was confined to palliation. There was a history of a somewhat recent abortion from which her troubles dated, and a vaginal examination showed the existence of a subinvoluted and anteverted uterus. At present this woman is in good health, a witness to the accuracy of the diagnosis and the success of the treatment based upon it. In a second, when the symptoms were, although not so severe, almost parallel in a newly-married woman with stenosis of the os uteri and ante-flexion. Here also neither the medical men nor the patient suspected the existence of any uterine trouble, but its treatment was coincident with an improvement in the condition of the patient, which soon culminated in recovery.

These cases agree in having their symptoms accentuated by fatigue, menstruation, coitus, etc., and also in being scarcely if at all benefited by the remedies in vogue for ordinary indigestions. Frequently the history of the illness assists us in making a diagnosis. It may be traced to a previous labor at full term, or an abortion, or there is evidence of disordered menstruation.

With regard to the uterine mischief most commonly underlying these cases, malpositions occupy the chief place, and of these forward versions and flexions. The most pronounced examples I have found in anteversion and ante-flexion.

The treatment of these cases is necessarily that of the original malady, and the declension of the reflex phenomena is gauged by the measure of its success.

NITRITE OF SODIUM IN THE TREATMENT OF EPILEPSY AND AS A TOXIC AGENT.—By Dr. A. H. Baines (condensed for the Lancet). I have a twofold object in writing this paper: one, to show the undoubted efficacy of nitrite of sodium in the treatment of epilepsy, at least in the single case of a patient of mine; and the other, to suggest that medical men, in giving this drug should first ascertain whether it is pure or adulterated with nitrite of sodium; for if, as hitherto usually supplied to the profession, it is largely contaminated with this latter salt, comparatively large doses, as a scruple, will be required to produce the desired effect; whereas, if the drug is quite or nearly pure, one or two such doses might prove fatal, or at any rate bring about alarming symptoms. The salt I prescribed in the following case, though obtained from a first-class firm of manufacturing druggists, must have been far from pure, at least for the first few weeks of its administration and until the untoward symptoms were produced, when presumably it was prepared in a purer form, was therefore stronger, and, from the large doses administered, began to act in a poisonous manner. This hypothesis has weight lent to it from the fact that upon inquiry I found the undesirable symptoms were developed at the time that the drug was being dispensed from the first part of a new supply of it, the former supply having lasted perhaps seven or eight weeks. Of course this is only conjecture, but unless it has a basis of truth in it, it compels me to fall back on the only other hypothesis which I can think of—namely, that the drug is cumulative in its action; but I know of no evidence to support this view.

In the early part of this year I was called to treat a lady for attacks of petit mal, occurring many times by day and night. She had suffered for some years, the severer and convulsive form of the disease being rarely manifested. She had been under treatment a long time, with no permanent benefit. I therefore resolved to try nitrite of sodium, and I began by giving five grains three times a day. Within a week or so I increased the dose gradually to a scruple three times a day. My patient took this amount uninterruptedly for a period of three months or more. Soon after this treatment was initiated her seizures began to diminish in frequency, and were completely arrested in less than three weeks, and kept away for ten weeks, when she broke down and had an attack. This relapse inaugurated a series of the old attacks, but they were distinctly under the control of the drug, which I continued in the same quantity, as their frequency was not nearly so great as formerly. And now for the first time, after taking this medicine continuously for perhaps three months and a half, symptoms made their appearance which caused me anxiety. They consisted in great lividity of the lips and nails, and to a less but marked degree of the whole face, with distressing sensations at the heart, almost indescribable, and compelling my patient to maintain for hours together the recumbent posture, lest by rising something dreadful should happen. The heart was turbulent and erratic, and explained by its want of rhythm the great anxiety the patient felt. She did not vomit, but felt sick, and the feeling of fullness in the head was slight. I did not at once stop the medicine, but gave it less frequently. The untoward symptoms, however, continued or returned day by day, so that I was compelled to recognize that they were due to the action of the drug, and I stopped it absolutely; though at once strongly suspicious of their cause, I was somewhat unwilling to admit it as such, for the reason that the medicine had been taken so long and uninterruptedly without any but a beneficial result. I now enjoined complete rest of the body, and gave heart tonics with a scruple of bromide of sodium three times a day, and in a short time the alarming symptoms passed away, not to return. The seizures have been much less frequent since the drug was left off than before it was begun; and now my patient passes sometimes a fortnight without having one, the medicine just indicated being still taken.

In conclusion, I may state that I intend sooner or later to return to the attack with the same drug, but I shall try to get it in a pure form, and give it in only two or three-grain doses. I hope others may try the nitrite of sodium in epilepsy, especially in those cases unamenable to treatment by the

bromides. But let me again urge upon them the caution which I have given at the outset of this paper.

THE FREQUENCY OF ANTEFLEXION.—A recent number of the *Centralblatt für Gynäkologie* (Medical Times and Gazette) contains a report of the meetings of the gynecological section of a German scientific association, held at Freiburg, under the presidency of Dr. Freund, of Strasburg. Among other communications of interest, a paper by Bandl, of Vienna, occupied the attention of the congress, the full title of which runs, "On the Normal Position and Normal Shape of the Uterus, and the Anatomico-Pathological Causes of Apparent Anteflexion." Our readers will be well aware that anteflexion of the uterus is by many regarded as a morbid condition, causing numerous and varied symptoms, and seldom existing without some disturbance in the functions of the affected organ. This view has lately been controverted, the most elaborate attacks being those of Herman and of Vedeler. The chief ground of opposition—Herman's main argument, and Vedeler's only one—is that thay find anteflexion very common, and just as frequent in those who are healthy as in those who suffer from uterine disturbance; and they therefore conclude that it is one of the natural shapes which the uterus may have. To this question Bandl has directed his attention. He has investigated the frequency of anteflexion in three ways: (1) By the examination of patients simply. (2) By the examination of patients upon whom abdominal section was about to be performed, and in whom the idea of the shape and position of the uterus gained by vaginal examination could afterward be verified or corrected by subsequent examination from within the peritoneal cavity. (3) By examination of dead bodies. By the first method, Dr. Bandl found that apparent anteflexion was exceedingly common, but, as it is not stated that he examined any women who did not complain of functional uterine disturbance, his results do not tell either for or against the views of Herman and Vedeler. The cases in which the conclusion arrived at by vaginal touch was checked by examination from above after the abdomen had been opened were very few. The author found in them the uterus slightly bent forward. His post-mortem researches were made on two hundred, bodies—of children, virgins, and parous women. He found sometimes anteflexion existing before the uterus was removed, but that after the uterus was taken out of the body it became straight. In only four cases did he find anteflexion persisting in a uterus severed from its attachments. Dr. Bandl unfortunately does not give any numbers except those we have quoted. This result of post-mortem research is susceptible of several explanations. It may be said the anteflexion is a condition temporarily produced by the method of examination; or that it is usually a result of forces acting on the uterus during life, and seldom a shape properly belonging to the uterus and retained by it; or that its losing its curve after removal (a fact in which our own experience accords with that of Dr. Bandl) is a result of post mortem change. Whichever be the explanation preferred, it does not seem to us to affect the argument based on the identical frequency of anteflexion in health and disease, because, if any objection founded on it be taken to the results of examination of the healthy, it applies equally to those gained from the other class.

THE CERTAIN DIAGNOSIS OF PREGNANCY BEFORE THE APPEARANCE OF THE FETAL SIGNS.—C. M. Green, M. D., in the Boston Medical and Surgical Journal: Most authorities agree that the certain signs of pregnancy are all physical signs of fetal origin; namely, the fetal heart, the spontaneous movements of the fetus perceptible to the physician, and abdomino-vaginal ballottement. Only exceptionally are any of these signs available before the sixteenth or eighteenth week; consequently the diagnosis of pregnancy before that time is only presumptive. Dr. F. Loviot believes, however, that "the existence of pregnancy can be surely recognized, at least ninety-five times in a hundred, before the appearance of the fetal signs; at two months and a half, *a fortiori* at three months and more."

As the rational maternal signs afford only presumptive and confirmatory evidence, Dr. Loviot relies upon physical changes in the uterus which he appreciates by palpation, by the vaginal touch, and above all by conjoined manipulation. He agrees with Professor Pajot, that the changes undergone by the cervix are not characteristic of pregnancy, but may be due to catamenial congestion, to metritis, and to various pathological conditions; he therefore directs his attention to the body of the uterus, which

he believes is modified by pregnancy in a characteristic manner. By conjoined manipulation the superior segment of the pregnant uterine body is accessible above the symphysis pubis under the form of a rounded, depressible, elastic tumor; the inferior segment is depressed and enlarged, and broadened out of proportion to the cervix, so that it juts out, as it were, and forms around the base of the cervix a sort of cushion, a characteristic collar. As a whole the body of the gravid uterus is soft and elastic, and under the examining finger gives the sensation of pressure on a hollow rubber ball. This soft consistency exists at all accessible points, in front, behind, to the right and to the left. The examination necessary to appreciate these modifications ought not to cause pain. Neither uterine congestion nor chronic metritis, nor fibroid tumors even when softened, impart identical sensations to the examining finger; although, if pregnancy is complicated with uterine fibroma, the diagnosis will be more difficult.

Diminution of Blindness. — Says the Medical Times and Gazette: The authors of the recent Census note the encouraging fact that the proportion of the blind to the population has not only decreased with each successive enumeration since 1851 (in which year account of them was taken for the first time), but the decrease in the decade ending in 1881 was much greater than in either of the preceding decennial intervals. The number of cases returned on this latter occasion was twenty-two thousand eight hundred and thirty-two—equal to one blind person in every one thousand one hundred thirty-eight. This decrease is considered to be fairly attributable to the progressive improvement in the surgical treatment of affections of the eyes, and to the diminished prevalence among children of such diseases as smallpox.

Temporary Ligature of Arteries.— Mr. Arthur Neve, of the Mission Hospital, Kashmir, has recently had to treat many cases of very vascular goitre. He has found that in these cases the superior thyroid arteries were specially enlarged, and his treatment has been to ligature these vessels. (The Lancet.) Finding that in some cases a very troublesome dissection was required to isolate these arteries from their companion veins and the surrounding tissue, he has been led to pass a curved needle, armed with catgut, into the tumor beneath the pulsating vessel, and tie the ends of the ligature over a piece of cork laid on the skin above the vessel. This he has allowed to remain for from four to seven days, and in each of four cases in which he has done it he has found the arteries to become permanently occluded, and great and rapid diminution in the size of the tumor to follow.

Three Infectious Diseases in the Same Individual.—Dr. Prior reports (*Deutsche Med. Wochenschrift*) a case in which three infectious diseases occurred in the same individual in the space of one month. Three children were attended on November 18th, for well-marked scarlatina, with a temperature 104° Fahr., copious eruption, and some difficulty of swallowing. Desquamation began on November 21st, and proceeded normally, only one child having slight renal symptoms, until, on December 1st, the two younger were attacked with rigors, headache, malaise, and on the following day were covered with a thick eruption of varicella. On December 3d, in the absence of the mother, a child from the next room, intercourse with which had been carefully avoided on account of measles, was found playing with the children, and showed signs of measles next day. The first patients were now carefully watched, and on December 13th, the temperature was found to be raised, with photophobia and slight coryza; on the 15th the eruption of morbilli appeared. Its course was protracted, and caused some anxiety; but finally the children recovered. The cases show how the two poisons of scarlatina and varicella may be in the organism at the same time, and how measles may be conveyed by a two hours' intercourse in the prodromal stage, while the crusts of varicella are still present, the measles showing itself as soon as ten days later.—*Medical Record.*

Three Cases of Tubercular Disease of the Tongue are reported in the Medical Times and Gazette by Mr. R. J. Godlee: (1) Man, aged thirty-eight; delicate, tubercular aspect; had had fistula in ano, and was subject to asthma and also to pleurisy. Both testicles were tubercular. He had a round ulcer at the tip of his tongue, with raised hard edges and a gray surface, very painful, and much irritated by the teeth. The teeth were first attended to, and then iodoform and stimulating lotions were applied to the ulcer. Nitrate of silver

was applied once a week with good result. The patient went to New Zealand, and returned with the ulcer healed and the asthma gone. Soon after his return the ulcer broke out again, and became worse than before. Death occurred from pneumonic phthisis eighteen months from the onset. No suspicion of syphilis, and no sign of consolidation of lungs was detected at first. (2) Man, aged thirty-three, who had had phthisis for two years advanced, also some affection of right sacro-iliac articulation. The tongue was much swollen in anterior half or right side, the swelling being elastic and soft, and the surface of the swollen part covered with a superficial ulceration. No history of syphilis; but anti-syphilitic remedies were tried, without avail, except salivation. The tongue was punctured, and afterward a free incision was made into the mass, but led to no result. The wound healed, but the man died soon afterward. There was found recent pneumonia, and suppuration of the sacro-iliac joint. The nodule in the tongue was quite diffuse, and seemed made up of pale and thickened tongue-tissue. Microscopically, distinct tubercles were found, and bacilli in large numbers near the surface. (3) Man, aged twenty-two, who had had a cough for four or five years, and slight attacks of hemoptysis. In February, 1882, he had an ulcer of the tongue, and consulted Mr. Heath. At first there was a pimple, and then a crack; these ran together, and began to be irritated by the teeth. A gutta-percha shield was applied to the teeth. Chromic acid and nitrate of silver were employed. The condition of things had much improved, but the ulceration had destroyed the tip of the tongue. He was in fairly good health, and there was no mischief in the lungs at the present time. The tubercular affection of the tongue had probably until recently been taken for syphilitic lesion. The cases described illustrated two conditions: an infiltration among the muscular fibers of the organ, accompanied by more or less ulceration; and an ulcer of the tongue, accompanied by a slighter amount of underlying infiltration. It was probable that these did not complete the tubercular diseases of the tongue, for others presenting a good many differences as to site and appearances had been enumerated. Possibly the extensive ulceration about the soft palate and the back of the tongue in strumous children would have to be included in the category. For the present our duty seemed, he said, to be to record carefully all cases coming under observation, giving as far as possible the evidence for the tubercular nature of the disease, and leaving any wide generalization until a larger mass of facts was available.

The Sputa of Phthisical Patients.—M. Vignal has been trying some experiments with the view of ascertaining whether the sputa of phthisical patients as found in the streets still contained bacilli. (Lancet.) He collected a certain quantity of such sputa and submitted it to desiccation; he then moistened it and let it dry again at different times, so as to place it as much as possible in the condition in which it would be found in ordinary circumstances in a room. He discovered that the sputa thus treated contained bacilli as numerous and as well formed as if they had just been expectorated. He inoculated two guinea-pigs with the matter; one of which died in a few days from obstruction in the bowels, and he could not in consequence come to any conclusion; but the second animal, though it increased in weight during the first few weeks subsequent to the injection, afterward began to lose flesh, and died in in about three months. At the autopsy it was found that in all the organs there was a great number of tubercles which contained bacilli. M. Vignal concludes that sputa of phthisical patients, as found on the ground, in the streets, or in apartments, are far from being inoffensive, and might become agents of contagion to persons predisposed, or in whom the bacilli would find a favorable soil for propagation.

Pruritus Vulvæ.—Dr. William Goodell prescribes for this disease carbolic acid, one dram; morphine sulphate, ten grains; boracic acid, two drams; vaseline, two ounces. Also, pat the parts with a sponge soaked in boiling-hot water. This is also a most excellent application for that rawness so often found between the thighs of the newly born.

ARMY MEDICAL INTELLIGENCE.

Official List of Changes of Stations and Duties of Officers of the Medical Department, U.S.A., from January 5, 1884, to January 12, 1884.

Brown, P. R., Captain and Assistant Surgeon, assigned to duty at Fort Huachuca, A. T. (Par. 9, S.O. 119, Department of Arizona, December 27, 1883.) *Egan, P. R.*, First Lieutenant and Assistant Surgeon, upon reporting of relief, to proceed without delay from Fort Huachuca, A. T., to Fort Apache, A. T., and report to the commanding officer for duty at that post. (S.O. 119, Department of Arizona, December 27, 1883.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JANUARY 26, 1884.

Original.

NEUROTIC AFFECTIONS ACCOMPANYING JOINT LESIONS.*

BY GEORGE W. JACOBY, M. D.

The history of the subject goes back as far as Hippocrates, by whom it is mentioned. John Hunter was the next to take any note of it, and it is with him that the sympathetic theory originated. Malgaigne, 1826; and within the last ten years, Weir Mitchell, Duchenne, Verneuil, Sir James Paget, and Charcot and his pupils comprise the list of names that have cast light upon the subject. The experiments of Valtat show conclusively that, as a result of injury to the articular or even to the peri-articular tissue produced by irritant injections, the muscles of the entire limb, but more particularly the extensors of the joint, become atrophied. The result of the experiment given in the paper, as shown by the autopsy, is that the extremity which was experimented upon lost eighty grams in weight in twelve days, and that each and every muscle separately weighed less than its corresponding fellow of the left side.

The affections which most frequently follow joint disorders are paralysis and atrophy of the muscles and hyperplasia of the subcutaneous connective tissues. More uncommon are anesthesia, hyperesthesia, analgesia, hyperalgesia, and neuralgias.

Three groups of nerve functions are implicated—motility, sensation, and nutrition. Symptoms are, after the joint-lesion, a change in the appearance of the limb. The extensor muscles are generally the ones involved. There is a change in the electrical reaction of the muscles, their contractile power is diminished and finally lost. There is no reaction from nerve degeneration; no reversion to the normal formula of contraction. This is also most noticeable in the extensors. The paralysis may appear as early as twenty-four hours after the accident; may also appear very late. The hypertrophy of subcutaneous connective tissue seems to stand in a direct ratio to the atrophy of muscular substance. The atrophy is ascending and progressive. *Contracture* is rare. The disorders of sensation are early symptoms, and a differential diagnosis between these affections and progressive muscular atrophy may become difficult.

The conclusions which I am entitled to draw from the notes of thirty cases are, first, that in all cases, except those involving the ankle or wrist-joint, the muscles affected are the extensors of the diseased articulation; second, that in those cases which involve the ankle or wrist-joint the affection is descending instead of ascending, and that the extensors are not affected to any greater extent than the other muscles; third, that in cases of arthritis of any of the joints of the fingers the interosseous muscles suffered first and most.

The cases which present particular interest are the following:

CASE 1: Mrs. L., age twenty-four, while walking, slipped and fell, striking her right knee. The joint rapidly increased in size and was very painful. The following day it was very much enlarged, the patella was pushed forward, and fluctuation was distinctly noticeable. The joint affection improved rapidly, but upon the seventh day a distinct paralysis was noticeable. The movement of flexion of the leg upon the thigh was easily executed, but that of extension was attended with great difficulty. Patient could only by the strongest effort produce any contraction of the triceps cruris. As the effusion became absorbed, the paralysis increased, and at the end of

*Read before the New York Neurological Society, December 4, 1883. From advanced sheets of the Society's proceedings.

three weeks it was impossible for her to extend the leg at all. Atrophy was now well marked, showing a difference of three centimeters in favor of the healthy limb. The gluteal muscles were also involved. The electro-contractility of the muscles was decreased to both currents.

CASE II: This case shows how soon after the injury paralysis and atrophy may ensue. Patient, a laborer, age thirty-four, was struck upon the left knee on a Friday afternoon. He applied ice to the joint. The swelling went down. I saw him on the following Monday, seventy-two hours after the injury, and then a distinct paralysis of the triceps cruris was noticeable, and atrophy was distinguishable upon the following Friday.

CASE III: By this case may be seen how entirely disproportionate the effect may be to the cause. Patient, L. H., merchant, age thirty. While walking his left ankle-joint turned, the outer margin resting upon the ground. Notwithstanding severe pain he continued his walk—used the joint for several hours. When he examined his foot he did not notice any change in its appearance, but it was painful on pressure. After two months he noticed a slight weakness in the injured leg, which was particularly observable upon going down stairs. Four months after the accident I saw him. His condition was then as follows: His foot hangs with the toes pointing downward, and can not be brought to a right angle with the leg; he walks upon his toes, and does not bring his heel to the ground; the toes may be easily raised, but they fall back again by their own weight. The interossei of the foot are atrophied. The peroneal muscles and the muscles of the thigh are also involved. The gluteus maximus is evidently considerably atrophied, for a large depression takes the place of its former prominence. Added to this, severe neuralgia of the sciatic and peroneal nerves renders his condition almost unendurable.

The pathogenesis of the affection is still a disputed one. The sympathetic, of Hunter, the pressure theory of various writers, the theory of functional inertia, then that of Vulpian, which is reflex, and finally those of Decosse and Charcot, are all incapable of satisfactorily explaining all of the cases.

The treatment, in order to be successful, must be varied and adapted to each special case. The chief agents at our disposal are electricity, massage, mechano-therapy, and hydro-therapy in the form of hot and cold douches. Massage in very many cases seems to deserve preference to the electrical currents. The effects produceable by massage are, (1) The diffusion of any articular effusion; (2) the destruction of vegetations; (3) the loosening and removal of adhesions; (4) increase of circulation; (5) stimulation of muscular fibers. In fact, all the agents above mentioned seem to act similarly by stimulating the nutrition of the affected muscles, by increasing the flow of blood to the parts and perhaps thus causing a reflex excitability of the motor tracts.

ANTIPYRETIC TREATMENT OF TYPHOID FEVER.

BY GEO. T. M'COY.

In the Mitchell District Medical Society report, which appeared in the NEWS of January 5th, I find some errors touching the typhoid fever discussion, which need correction.

1. The spring mentioned was five hundred feet from the school-house privy instead of fifty. Since the meeting I have been over the ground, and have found that two other privy vaults also communicated with the subterranean passage mentioned.

2. The report mentions "sponge baths." This is a slight mistake. The bath advocated was water at a temperature of 90°, lowered gradually to 70° F., and to be used *whenever the temperature rose to* 103°. The bath was used because I have observed that heart failure did not occur in those cases in which the temperature was kept below 103° F.

3. The language attributed to Dr. Haughton in this discussion was used by me, and in answer to a question of Dr. Hibberd. (I am sorry that the remarks of Dr. Haughton were not reported in full, as they were important; but they were drawn out by the paper of Dr. Hibberd.)

I know, from my acquaintance with the writer, that these were simply errors resulting from the rapid taking down of notes, and that no misrepresentation was intended. Neither am I correcting them from personal motives, but as a prelude to a few comments which are to follow.

It seems to me that the opponents of the "antipyretic treatment of typhoid fever" would find quite an argument in the mortality reported by me, unless something were added to the report as it now stands.

The first five cases were treated without the cold bath, and with only one-to-three

grain doses of quinia three to four times a day. Two of these recovered after a tedious convalescence. I will omit other remedial and palliative measures, as I do not wish to write a long article, and take it for granted that my readers will make due allowance for careful nursing, diet, etc., and a judicious use of the remedies other than the above.

The succeeding four cases I treated with quinia, grs. v–x every six hours, and bathing in tepid water once a day. Two of these died, the others made a good recovery. Of the two that died, one was syphilitic, and the other was broken down by nursing one of the first cases. The rapid convalescence of those that recovered in this class I attributed to the low range of temperature, which did not exceed 104° F., and reached that point only twice in either case, there being no complications of any importance.

These were the nine cases using water from the same spring.

Four cases seen in consultation were treated with turpentine, digitalis, James's powder, veratrum, phosphoric acid, ammonia carb., and calomel, only one receiving more than grs. viij of quinia during twenty-four hours. Alcoholic stimulation in all and *cold sponging* once a day. One only of these patients received quinia, grs. xx, night and morning during third week from date of attack, and he made a good recovery without serious complications or sequelæ. No record of temperature was kept in these cases. There are some physicians who do not need thermometers, especially such as reduce the heart's action with veratrum, tartar-emetic, etc. Three of the cases so treated died, and the attending physician seemed perfectly satisfied—*he controlled the heart's action.*

Six cases got quinia, grains x–xx every four or six hours, according to range of fever, but in no case was more than one hundred grains given during twenty-four hours. The cold bath was also used. Death resulted in one case from concomitant spinal meningitis. This case was seen by Dr. C. H. Wright, of North Madison. The fever range in this case was high (105°, evening), for nine consecutive days—the meningitis manifesting itself during third week. This patient did not tolerate quinia well, and at no time took more than ten grains. The remedy was discontinued after short trial.

A study of the foregoing seems to me to teach the importance of reducing temperature in any given case, not only to save life, but to prevent serious complications which retard convalescence. While bronchitis was present in nearly all of my cases, in only two was it of sufficient significance to be termed a complication; so also of parotid swelling, in only one was it at all serious. I do not claim that heart failure was the cause of death in all of my cases. One died from peritonitis and one from meningitis. Hemorrhage occurred in three of the cases that recovered, but was not excessive. We can not arrest the storm, but with compass and chart (thermometer, etc.) we may foresee the coming disaster, and by taking in sail, the judicious use of antipyretics, we may be able to take care of the ship.

In virulent forms of septicemia and scarlatina, where the temperature rapidly rises to 106° (or more), and also in those cases of typhoid where the patient succumbs from "violence of onset," we do not have the grayish appearance of the heart, or that granular degeneration of voluntary muscles, frequently seen in cases of continued high temperature, but we have a softened condition of the internal organs, which would have presented the characteristic appearance if life had been prolonged. In these cases the patient dies from so-called "dissolution of the blood," the result of high temperature.

I think many of the cases of death in acute rheumatism, attributed to endocarditis, are due to heart softening, and that salicylic acid is of benefit in these cases through its antipyretic action.

LANCASTER, IND.

Miscellany.

GREAT MEN AND SMALL HEADS.—The Atheneum says: "It is usually supposed that men of great intellectual powers have large and massive heads. But this theory, which Dr. Gilbert, physician to Queen Elizabeth, was the first to suggest, is not borne out by facts. An examination of busts, pictures, medallions, intaglios, etc., of the world's famous celebrities, almost tends the other way. In the earlier paintings, it is true, men are distinguished by their large heads; but this is attributable to the painters, who agreed with the general opinion, and wished to flatter their sitters. A receding forehead is mostly condemned. Nevertheless, this feature is found in Alexander the Great, and to a lesser degree in Julius Cæsar. The head of Frederick the

Great receded dreadfully. Other great men have had positively small heads. Lord Byron's was 'remarkably small,' as were those of Lord Bacon and Cosmo di Medici. Men of genius of ancient times have only what may be called an ordinary or every-day forehead, and Herodotus, Alcibiades, Plato, Aristotle, and Epicurus, among many others, are mentioned as instances. Some are even low-browed, as Burton, the author of 'The Anatomy of Melancholy;' Sir Thomas Browne, and Dürer. The average forehead of the Greek sculptures in the frieze from the Parthenon is, we are told, 'lower, if any thing, than what is seen in modern foreheads.' The gods themselves are represented with 'ordinary, if not low brows.' Thus it appears that the popular notion on the matter is erroneous, and that there may be great men without big heads."

Charcoal as a Food.—The Sanitarian copies this from the Farm and Home: Whatever increases the power of laying on fat, or promoting the rapid and healthy production of flesh, must be food or equivalent thereto. This, pure charcoal does most effectually, as recently proved by taking the live weights of two lots of sheep, and simply separating them by an ordinary net, the artificial food, corn and cake, being carefully weighed out to each lot alike daily, one pint of charcoal being added to one lot only. When re-weighed prior to selling to the butcher, the increase in weight was in favor of charcoal by 16.25 per cent. Sanitation causes easy and complete digestion, and assimilation only can account for these results, which charcoal alone can accomplish. The charcoal should be given mixed with the food, except in urgent cases, when it may be mixed in water or thin gruel, and given as a drench. The dose is one pint to every twenty-five head of sheep or lambs. One quarter pint per head for full-grown cattle, horses or pigs; half the quantity for young cattle, and two teaspoonfuls to one dessert-spoonful for young calves, daily, when suffering from disease or in ill-condition. To keep in good health, and fortify against diseases, the dose should be given two or three times per week, according to the class of food they are having, and the state of the atmosphere. The best plan is to wet a quantity of bran, pollard, or malt combings; mix the charcoal among it, and then among the food you give them. For rapid and healthy fattening of cattle it should be used daily among their food. Charcoal for internal and medicinal purposes must be pure vegetable charcoal, free from all irritating and injurious foreign matter. The charcoal, when coming into the user's possession, must be kept perfectly dry and free from any ill-smelling surroundings, such as the vapors of a stable or artificial manures, etc., or it will absorb them, and thus become septic and of no medicinal value. It is better kept in a closed bin or tin canister with a closely fitting cover.

Day Visions.—Dr. James Russell, in the Birmingham Medical Review, writes as follows: A nervous lady of forty, who consulted me for disordered health, described a singular habit she had of seeing "visions very distinctly in broad daylight." One day, on going from a room, opposite to which was the open door of a parlor, she saw a widow sitting there, and so distinctly that she even marked the hem of her vail; she also saw enough of the features to recognize her mother, who, she concluded, had called for her to accompany her home. It was only by the concurrent testimony of the servant and of the family that she found herself mistaken. On another occasion she saw a gentleman pass before each of the two windows of the room in which she was sitting; so convinced was she of the reality of what she had seen, that she opened the front door to tell him that there was no issue out of the front garden in the direction he had taken. She found no one. She ascribes her very unpleasant tendency to a mischievous custom, practiced at the school she attended when young, of dressing up ghosts, with all the ceremonial of dark corners and artificial light. She was then six years of age, very timid, and she had a great dread of these ghostly exhibitions. One occasion of the kind, when she was compelled to face a "ghost" in a dark room, much alarmed at the thought, is still vividly impressed on her memory. Ever since she has been very apt to dream, and to dream especially of ghosts.

Fatal Explosion of a Mixture.—At Manchester an inquest was lately held relative to the death of one Turley, a shingler. It appeared that deceased went to the shop of a pharmaceutical chemist for three pennyworth of quicksilver and three pennyworth of aquafortis. He had been in the habit of purchasing similar quantities in order to mix them into a kind of ointment. Both articles

were placed in the same bottle. Deceased then placed the bottle in his breast-pocket and left the shop; but shortly afterward the stuff exploded and the contents of the bottle burnt the face and eyes of the poor fellow so seriously that he died at the Manchester Eye Hospital. In his voluntary statement, the chemist said that he had never known the mixture to explode before, though he had always served deceased with the articles separately, generally placing the quicksilver in a pill-box.—*Medical Press and Circular.*

Yellow Fever in New York.—Last Sunday a man died of yellow fever in Perry Street. He was a resident of New York, who had recently visited Havana, where he remained eighteen days and then returned home, arriving in New York on the 7th inst. The first manifestation of the disease seems to have taken place on the day after his arrival. It is comforting to learn that the Board of Health does not consider that there is any danger of the disease spreading. None of the facts in the case point to there having been any warrant for the detention of either the man or the ship at the quarantine station, but the incident ought certainly to be taken as showing the utter folly of laxity in our quarantine system.

The Science of Cooking.—The schoolmaster is abroad indeed when even the dread precincts of the kitchen are not safe from his intrusion. The modern race of cooks have traded on the ignorance of their employers till now it is almost impossible for ordinary middle-class people to secure a decently cooked dinner. When perchance the mistress knows something about the management of her house, and is able to suggest how things should be conducted, and controls the little arrangements with regard to perquisites, the cook soon finds it inconvenient to stay. If, on the other hand, the mistress is ignorant, as is often the case, the cook triumphs. The roast joints are dried up before fierce fires; the boiled have all the juices extracted by being placed in cold water and then boiled to rags; the melted butter becomes a paste; a modicum of soup requires a prodigious quantity of meat before it acquires consistence above mere dish-water; vegetables are served cold and sodden with the water in which they are boiled; and the rasher of bacon for breakfast comes to table defiled with cinders, if not tainted with a *soupcon* of yesterday's fried fish. The lectures on cookery which are now so popular will do much to remedy the present evil; for, as the proportion of ignorant and indifferent mistresses becomes less, incompetent cooks will have fewer houses of refuge to fall back upon, and will consequently have to abate their high pretensions. Indeed, when we consider the prevalence of the complaints and the paramount importance of the subject as a mere question of health, we wonder it has not received earlier attention; but, now the movement has commenced, there is no doubt of the success likely to attend it. The digestibility of food depends largely upon its cooking, and when it is once plainly shown that we do not live merely to eat, but digest in order to live, reform in the kitchen will speedily follow. We shall be able to do with less food, because, being properly cooked, its nutritive qualities will be preserved and our stomachs will be less burdened. Less vital force will be withdrawn, because the food will be more readily acted on by the digestive secretions, so that a smaller quantity of these will need to be supplied by the glandular organs. Again, the unthrift that goes on below stairs is one of many causes that lead to the impoverishment of the lower and middle classes. Servants brought up accustomed to unchecked waste carry these habits to their homes, while many a tradesman or struggling professional man pays a large tax annually in the daily waste that is permitted in his household through ignorance of the most ordinary details of domestic management. It has been clearly demonstrated that a saving of from twenty-five to fifty per cent can be effected by conducting culinary operations on a scientific basis.

[These sad words from our fellow sufferers in England occur in a Lancet editorial. We had hoped that no other country save our own was thus sorely afflicted; and our experience is that the average of American cooking in meanness is unequaled any where. Our negroes have forgotten the culinary art taught them by their former mistresses; the native white American of the servant class can not learn to cook, and all the kitchen failures of Europe flee to our free and afflicted country.]

Charcot's Creed.—If I believe firmly that there exists in medicine a domain which pertains entirely to the physician, which he alone can cultivate and fructify, and which must necessarily be closed to the physiolo-

gist who, systematically confined to his laboratory, disdains the instruction of the hospital wards, I no less firmly believe that the free intervention of the anatomical and physiological sciences in the affairs of medicine is an essential condition to its progress. I believe that practical medicine is not a real autonomy; that to live it must borrow; that without a constant scientific renovation it would soon become a dull routine. I think, finally, that as regards the qualities of quick-sightedness, ingenuity, and practical skill, which all have to be perfected by use, and are not bestowed in completeness by nature, these are as much needed by the pathologist as by the clinician. This, very briefly, is my *credo*. I have always held to it, and I must always continue to do so.—*Medical Record.*

Hypericum Oil for the Prevention and Cure of Bed-sores: Dr. Herbert L. Snow writes, in the British Medical Journal: Since my note on this subject in the Journal of December 8th, I have been favored by Mr. Fenn Clark, honorary consulting-surgeon to the Leamington Provident Dispensary, with a communication, from which I subjoin the following extracts: "I see that you have alluded to the value of hypericum oil. May I be allowed to add my testimony, as I have made and used it in my practice for the last twenty years, with manifest advantage in severe cases of bed-sore? It is an old favorite in this country; and our American friends think highly of it also. I observe that you recommend a few days as the time which hypericum oil will require to perfect it. May I mention that my friend, who first introduced it to Mr. Garrard, and to Leamington generally, always recommended a period of three months in a sunny window, as it could not in less time acquire the reddish-brown tint? It is prepared from the blossoms of the *Hypericum medium perforatum*, which flowers in July."

Treatment of Varicose Veins.—Mr. Folker describes, in the British Medical Journal, a recent operation he performed for the cure of varicose veins. In the operation the vein was securely tied, and ultimately obliterated, without any disturbance of the surrounding parts. The man was operated on one Saturday, and the following Tuesday week (eleven days) he was up in the ward. The operation was as follows: A small incision was made on each side of the vein, and a curved needle, passing in at one incision and out at the other, carried the ligature under the vein, and was withdrawn. A flat instrument was now, in the same manner, passed in at one and out at the other incision, and threaded with one end of the ligature, which then, by its withdrawal, passed the ligature over the vein. The two ends of the ligature, which now surrounded the vein, projected through one opening. This was repeated in as many places as might require it, and then the lowest one was tied first, and the ligature cut off close; firm pressure was made over it just to press out any drop of blood that might be present, and the little opening was closed with collodion. Each ligature from below upward was tied in a similar way, pressing the blood out of the vein up to each ligature before tying it. The ligature used in the present case was pure silk, well carbolized; but Mr. Folker hoped to tie some with tendon-ligatures which would become thoroughly absorbed sooner than the silk.

Hog Cholera.—Dr. J. M. Partridge says, in the Sanitarian: The infectious principle from which swine plague is developed may be introduced into the system by food or drink, or it may be taken into the circulation direct by cuts or abrasions. It is believed that the germs of this disease may be carried through the air for the distance of one or two miles, but they are harmless if they fall upon the unabraded external surface of the body or on perfectly sound lung tissues. As a preventive measure, all cuts or sores should be kept closed by an application of tar, or some substance that is impervious to air and water. In warm weather, stagnant pools of water breed disease germs, and are a fruitful source of danger. Old straw stacks may absorb and retain the disease germs for weeks and months. Freight cars retain them an indefinite length of time. The feeding of sulphur, salt, or ashes, or placing them near swine, is a preventive, but carbolic acid is best. The dose is ten drops to each hundred pounds weight of the animal, to be given three times a day. A solution of this acid should be freely sprinkled about the premises. Remove or destroy the sick. Separate the healthy into small herds, and remove them to fresh pastures, and use the carbolic-acid treatment.

The weekly issue of the British Medical Journal is now over twelve thousand.

CROTON OIL.—The investigations of Mr. Harold Senier, Fellow of the Chemical Society, into the active principles of croton oil are not without considerable interest to the physician. (Lancet.) Mr. Senier read to the Pharmaceutical Society on Dec. 5th, a paper in two parts—one on the vesicating principle in croton oil, the other on the purgative principle in croton oil. In 1878, in a former paper, he gave the results of an investigation into the action of alcohol on croton oil, and showed that under certain conditions it separated the oil into two parts—the one part vesicating, the other non-vesicating. The non-vesicating oil Mr. Senier has since shown to be purgative. The conditions referred to are that the alcohol shall be of specific gravity .794 to .800, and in the proportion of seven volumes to six, or any larger proportion. If the alcohol and oil are mixed in equal volumes perfect solution takes place, and this holds of a mixture with any less quantity of alcohol. But when the volume of alcohol exceeds that of croton oil, a part of the croton oil separates. This part varies in quantity in different samples of the oil. The part so separated is afterward insoluble in any proportion of alcohol. But that proportion of oil dissolved by alcohol is, when separated, soluble in all proportions. Mr. Senier has found that the part soluble in alcohol as above used was, or contained, the vesicating principle, and that the vesicating activity does not exist in the free acids, nor in any basic constituent, but resides in the combined non-volatile fatty acids. Mr. Senier further finds that the purgative constituent does not reside in the alcohol-soluble vesicating oil, but entirely in the alcohol non-soluble, non-vesicating oil. In support of this conclusion he refers in his paper to experiments on himself and others. He further says that the conclusion is borne out by a study of the therapeutic action of this non-vesicating oil by Dr. J. W. Meek. The general result of these experiments is that in this non-vesicating oil, in doses from one tenth to one half a minim, administered in the form of pills, with magnesium carbonate and extract of henbane for excipients, we have a safe and mild or powerful purgative, according to the dose, unaccompanied by any unpleasant symptoms. No purgative action was obtained by administering the vesicating oil in a similar way, but a considerable amount of irritation in the alimentary canal, accompanied with nausea. The medical importance of Mr. Senier's investigations is obvious, and justifies the hope that we shall be able to extract a more practicable and effective purgative from croton oil, minus the violent and irritating powers which the physician is apt to associate with the drug in its entire form.

HARVEY'S GREAT DISCOVERY.—In an interesting article in the Birmingham Medical Review Dr. William Bates makes this startling declaration: "At the risk of incurring a charge of pseudodoxy, I venture to assert that, if Harvey had never lived, and the doctrine of the ancients as to the flux and reflux of the blood still obtained, the practice of medicine and surgery alike would be just what it now is." May be this is so, but when he says further on, "In medicine and surgery, as in other things, there is nothing new under the sun," he is absurd. Solomon wrote many foolish things, if he is the author of the proverbs attributed to him; but, certainly, if he were alive in this day he would not say, "there is nothing new."

"ONE immediate effect of the discovery was the degradation of the liver by Harvey, who robbed it of all its old functions, except that of generating bile. In these later days, this important viscus has been restored to its throne, and reputed to be the center of sanguification, the focus of animal heat, and the performer of all the offices ascribed to it by Galen and the ancients, with others not dreamt of by them, except, indeed, that of being the source of the movement of the blood, with which possibly it still remains to be accredited."—*Ibid.*

DR. WILLARD PARKER is eighty-three years old; Alonzo Clark, eighty; A. C. Post, seventy-seven; Isaac E. Taylor and Austin Flint, seventy one, and Frank H. Hamilton, seventy. Some of these distinguished medical men are still in active practice, notwithstanding their great age.—*The Cincinnati Lancet and Clinic.*

ACCORDING to Dr. Billings, of one million colored infants born (in Baltimore) one half will have perished before attaining the age of two years.

"THERE is no period in a fond mother's life when she is happier than immediately after the baby has successfully cut his 1st 2th," figuratively says the Sanitarian.

The Louisville Medical News.

Vol. XVII. SATURDAY, JAN. 26, 1884. No. 4

L. P. YANDELL, M.D., - - - - - - - }
H. A. COTTELL, M.D., - - - - - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

MALARIA.

The Sanitarian of December 30th publishes an abstract of three papers on the subject of malaria, read before the American Public Health Association at its recent session in Detroit. These articles were presented by Surgeons George M. Sternberg, A. Woodhull, and Chas. Smart, of the U. S. A., who, as might have been expected from the advantages offered for practical observation and study by the Army Medical Service, were able to bring before the Association some observations of practical moment to the sanitarian, and which may possibly serve as important factors in the future solution of the most difficult etiological problem of the age.

Dr. Sternberg based his conclusions upon tabulated reports of malaria obtained from two hundred and twelve military posts, extending from Maine to Florida, and from the headwaters of the Mississippi to the Gulf. The cases of malaria occurring in Maine bear to those of Florida a proportion of sixty-four to two hundred and twelve; those of the headwaters of the Mississippi to those of the Gulf, seventy-one to one thousand and twenty-eight. The reports show conclusively that where there is much stagnant surface water there is prevalence of malarial fevers. The forts at Jackson Mississippi, and Baton Rouge, Louisiana, each standing at the edge of a swamp, are very unhealthy, and whenever the wind blows from the swamps toward the forts, there is great increase of the disease among the soldiers.

Dr. Sternberg says that while the proposition that malaria is connected with the decomposition of vegetable matter has not met with universal acceptance, it is undoubtedly the true one. It is an error, however, to suppose that malarial germs are evolved from the decomposition of all vegetable matter. If this were true, the farmer's barnyard would be an especially fruitful soil for malarial growth.

In climates most distinctively malarial, sailors, if they but anchor at least a thousand yards from the shore, never suffer from malaria. Those who go on shore take the disease, but often fail to show it until they set sail and have been for some time out at sea. Some of the sailors who went with Dr. Hayes upon his arctic expedition developed malaria in the polar regions. At forts Yuma and Mohave, Arizona, malaria is seldom seen, and Dr. Sternberg finds a reason for this in the hot, dry air of this region, which, he believes, renders the germs inert.

Though many strong arguments can be made in support of the claim that the bacillus malariæ is the cause of the fever, the author does not regard them as conclusive. The finding of the germs in the blood, post-mortem, does not prove that they were there ante-mortem. The injection of these germs into the blood of rabbits produces continued rather than paroxysmal fever, while the injection of blood from malarial fever patients into the veins of the lower animals develops in the latter intermittent fever.

Dr. Woodhull refers to the doctrine promulgated by Lancisi, nearly two hundred years ago, which has since become an article of the malarial creed, that marsh exhalations have a causative relation to intermittent fever, and after a glance at some of the

theories since brought forward to account for malaria, states the object of his paper, which is to show why the doctrine of organic decomposition, as an essential condition, may not be hastily abandoned. He says:

We are not justified in allowing a few exceptional instances that appear negative in their teaching to set aside a coincidental experience so vast as to be almost universal, concerning the health of communities. The old story of disease that follows freshly-turned soil and newly-created marshes, and disappears upon their cultivation or drying, of railroad cuts and fillings, where, the natural drainage being intercepted, pools are formed and fevers follow, of primitive swamps being drained and old agues vanishing, should not be discredited by the occasional failure to observe the same consequences under apparently similar conditions. The experience given by the local government boards of Great Britain as to the disappearance of periodic fevers coincidentally with thorough drainage is excellent evidence, on a large scale, of the etiological relation.

It seems an incomplete statement that defines "a malarial district as one where malaria has always existed," but denies that the local conditions are concerned in its production.

If the swamp land, for instance, were only one factor, it, or its equivalent, should nevertheless be recognized. The modern tendency is to extend the conditions under which the poison is developed. But the skeptic, when it is admitted that the theory of swamp-exhalations does not cover the whole ground, is disposed to deny that swamps sustain any relation to the case. They fling away the half loaf because it does not represent a full banquet.

The writer quotes Sir Joseph Fayrer as follows:

Indian experience supports the view expressed one year ago by Pringle, that the chief determining cause is stagnant subsoil water under certain temperatures.

And in comment, he says that this point has not received the attention it deserves at the hands of our American investigators. Notwithstanding the remark of a prominent sanitarian, that "people do not drink chills," it is probable that water does absorb malarial poison from which its consumers suffer. Sir Joseph Fayrer says that "water seems not only to determine the generation of malaria, but to hold it in solution. It is a popular belief of the East Indian natives that atmospheric states are of little importance in creating the disease when compared with water which flows through marsh and jungle and is charged with fever-poison." Upon good authority it is stated that along the rivers of California, where malaria affects nearly every American, the Chinese are exempt from attack, the reason (barring race peculiarities) being that they drink the water only through their tea, in the preparation of which it is always boiled.

The case of the Argo is cited as giving evidence on this point "as nearly complete as could be wished:"

Eight hundred soldiers, all in good health, who had been exposed to the atmospheric influences before embarkation, were carried in three vessels from Bona, in Algiers, to Marseilles. They presumably embarked at the same time, they all reached Marseilles the same day, and among six hundred and eighty men on two of the vessels there was not one sick. Of the one hundred and twenty on the Argo, the third vessel, thirteen died during the short passage, and ninety-eight of the one hundred and seven survivors were ill with various forms of paludal fevers. In the crew of the Argo there was not a sick man. The only difference in condition was that the drinking-water on the two healthy ships was good; that of the Argo's crew was pure; but that used by the troops on the Argo was taken from a marsh and had a disagreeable taste and odor. Such evidence does not stand alone, but it is rarely fenced about with such absolute conditions. So much is known, however, that any critical discussion of the etiology of specific cases of malarial disease that does not take into account the drinking-water and the subsoil water also is incomplete.

Again, the testimony of Lieut.-Colonel G. H. Mendell is significant: This observer, while engaged in the practical study of irrigation to be applied to the dry plains in California, was led to investigate and to compare the water-level of various wells in the interior plains. He soon found that malaria and shallow wells were frequent companions, and that when malaria occurred among the foot-hills, which are exceptionally free from the pest, it was limited to regions where the water-level of the wells was near the surface. He says: "I do not recall a single instance of shallow wells

where the family were free from fevers, always intermittent, I believe; and I therefore connected the presence of water near the surface of the ground with malaria. Whether it is due to the mere presence or to the fact that it is drunk, or both, I am unable to say."

Dr. Woodhull concludes this part of the discussion with the following conservative paragraph:

> Visible swamps no longer are the exclusive fountain of malarial influence; new channels by which the poison may operate have been exposed to view, and it is not impossible that there may be modes of its propagation, or, indeed, conditions of its development, yet unsuspected. But the ultimate formula of construction seems to rest on the original data.

The author then discusses certain sanitary puzzles or paradoxes which stand much in the way of the older theory. He takes up the question of the recent spread of the disease in certain parts of New England, with the hypothesis of invasion or migration which has been devised as an explanation of its appearance here by those who are inclined to discard old beliefs.

He cites, as the most outspoken of these modern opinions, the principal points of the Berkshire or New Lenox malarial trial, in which, notwithstanding the fact that, by the raising of a dam across the Housatonic River in 1870, one hundred and eighty acres of land were converted into a marsh, in addaddition to one hundred acres previously under water, the decision was against the charge that the raising of the dam and consequent overflow had any thing to do with the increase of malaria in the region adjacent to the mill-pond. In making this decision the jury was supported by abundant professional testimony. In this connection the author says:

> The prosecution contented itself with proving the greater surface influenced by the water and fluctuations in the water level, leaving it to be inferred that the cause of the disease rested in the exhalations, a number of witnesses having testified to the association of intermittents with swamp lands elsewhere.
>
> The defense chiefly rested upon the testimony of respectable professional witnesses, some of whom no longer attached value to the proximity of marsh-land in connection with intermittents, and others had seen the disease prevail equally on high and on low ground, while nearly all accepted the theory of migration.
>
> Now Massachusetts, Connecticut, and similarly situated States lie just upon the debatable ground, the neutral territory, where malaria may or may not present itself as certain minor but determining circumstances direct. In the early history of that country paroxysmal fevers abounded. They disappeared coincidentally with the establishment of better drainage and cultivation, and presumably on account thereof. They certainly have reappeared within the last twenty years, but, in a territory lying as that does, a moderate excess of heat, a slight change in the natural or artificial distribution of water, especially beneath the soil, the growth or destruction of forests, the alteration that commerce makes in the earth's surface, may readily turn the scale. And, as pertinently remarked by Dr. Marston, "*The absence of such specific characteristics (as ague) is no proof of the absence of malaria. Dyspepsias, neuralgias, attacks of pseudo-fibrinous rheumatism, diarrheas, anemial and splenic diseases may prevail in a district in which true ague rarely if ever occurs.*"

The author further comments on the aspects of this trial by calling attention to the fact that, notwithstanding the prevalence of malaria in other parts of New England, in this region no cases of the disease appeared below the dam. This point might have been used by the prosecution against the migration theory, since it clearly suggests a local cause for this particular outbreak. He is inclined to believe that a prominent factor in the cause was that the water-level in the wells used by the inhabitants was by this overflow raised to near the surface of the ground, a condition of things similar to that alluded to above in the experience of Col. Mendell.

The question of the occurrence of malaria in New England in the early spring while it is yet cold, or during the last month of winter, next receives attention, and the opinions of Drs. Bronson, Adams, and Smart are referred to in this connection. The first two contend that it is impossible to account for a malarial outbreak in cold weather, and near the close of a severe New England winter, except upon the theory of

invasion. The last, however, explains the phenomenon upon an ingenious but plausible hypothesis suggested by an investigation of winter malaria in the far West. He states that variations in the organic impurity of the water have been shown to correspond with variations in the intensity and prevalence of the disease, that snow takes up much of the organic material which may be in the air, and it follows that this material remains suspended in the snow-water which feeds the wells. From that the author argues as follows:

It is not unreasonable to suppose that the melting snow of spring, percolating the softened earth, may carry with it the products of organic decomposition that, produced in warmer seasons, had been locked up awaiting such deliverance. The poison may be neither generated nor diffused throughout the atmosphere except under solar warmth, but it is not necessarily destroyed because it is dormant. Whether the water-carried disease is identical with or merely kindred to true malaria is a clinical question rarely determined with accuracy. But as truly as, although less conspicuously than, the marsh-water of the Argo may the snow-water of malarial regions be regarded as the porter of disease.

A modest paragraph, and one which may serve to strengthen the hope that, though much perplexed, we may still be approximating the solution of the problem, closes the paper:

This paper makes no pretense to elucidate the complete etiology of malaria. Its office is to suggest that those who discard the whole of the older views because of certain apparent exceptions, do so prematurely. The question is not simplified by denying the production of malarial poison from organic decomposition in ninety-nine cases, because the constant antecedent has not yet been found in the hundredth. Another factor may have to be introduced before the equation is solved, but that does not involve the abandonment of those terms whose value is already known.

The conclusions of Dr. Smart are as follows:

Malaria is a disease that knows no latitude nor longitude, and prevails at any altitude. It travels with the wind, and wherever its germs go, damp vegetable substances absorb it. The low-lying aerial theory is not satisfactory, since malaria is found in high and dry altitudes. In India those who drink marsh-waters have fevers at all times, while those who do not only suffer in the hot months. Unfortunately the attention of physicians has not been called to the theory of water infection. It has long been recognized that the use of what is called bad water produces diarrhea. If charged with decaying organic matter it also produces malaria.

In support of this assertion, Dr. Smart cited numerous cases that point directly to such fact. Shallow wells and defective cisterns are often found filled with water possessing many of the characteristics of marsh-water, and at such places will be found cases of malaria, though the blame is invariably laid to swamp or a mill-pond, if there happens to be one near. Wherever there is a plenty of pure water, free from decaying organic matter, there is health; and the same is true of the converse, no matter what the latitude and altitude. Filtration is a remedy.

Among the noteworthy features of these papers are: (1) The absence of any direct allusion to the old law of latency in malarial poison when taken into the system; (2) the great stress laid upon the theory that water may absorb the poison and give rise to the disease in those who drink it; (3) that snow may be the conserver of malarial germs, and (4) that the disease may travel or prevail without reference to latitude, longitude, or altitude.

On the first point it will be seen that, without mentioning it, Dr. Sternberg gives an instance of latency in the case of sailors, who, being infected on shore, often fail to show the disease until after they set sail and have been for a long time out at sea. The second suggests a protective measure, since, by careful filtration and boiling, water free from malarial poison may be had by all persons in civil life. If the third be true, then winter malaria must come down from the clouds, since snow forms in the upper air, and it would be unreasonable to claim that it could absorb poison from the frozen ground on which it falls. Admitting this, the fourth point is made clear, since the mists and exhalations that arise from malarious marshes must then bear the irrepressible germ, up into the clouds they form, which, wafted by the winds around the world in a line with every point of the compass, make malaria possible in any place where snow or rain may fall.

Bibliography.

A Treatise on Bright's Disease of the Kidneys. Its Pathology, Diagnosis, and Treatment, with chapters on the Anatomy of the Kidney, Albuminuria, and the Urinary Secretion. By HENRY B. MILLARD, M.D., A. M., with numerous original illustrations. New York: William Wood & Co. 1884.

Notwithstanding the fact that many excellent treatises upon this subject were already before the profession, the place for this book existed, and its author has filled it most creditably. The work is an octavo of two hundred and forty-three pages, written in good style, and with a view to the needs of the practitioner.

In the first chapter, the normal histology of the kidney is sketched with sufficient detail for the purposes of a treatise of this kind; in the second, the renal epithelia; and, in the third, the endothelia of the tubules have devoted to them considerable space, which makes a valuable and much needed contribution to the literature of this subject. After a brief treatment of the connective tissue and nerves of the kidney, the normal urinary secretion, its nature and source are carefully described.

With this introduction, essential to a proper understanding of the work, the pathology of renal disease, the significance of albuminuria, and the natural sources and chemical peculiarities of the various albumins are unfolded with an attention to the practical details of renal pathology, clinical history, diagnosis, and treatment, which is indeed remarkable when the modest dimensions of the volume are taken into account.

The illustrations are good, though somewhat too diagrammatic; a common fault in works which deal with histological questions.

The tests for albumen are well described, and present the reader briefly with a fair view of what is known relative to this vexed question. A little more space might, however, have been profitably devoted to the heat test, and the proper use of acetic acid in developing the albuminous precipitate, while much less could have been given to the unmanageable and almost worthless picric-acid test, without prejudice to the work.

These, with the occasional use of obsolescent chemical terms, are minor blemishes which may be overlooked in view of the general excellence of the treatise. It is just such a book as the doctor needs, and it is safe to predict a rapid sale for the present edition, with an early call for a new one.

Sexual Impotence in the Male. By WILLIAM A. HAMMOND, M. D., Surgeon-General U. S. Army (retired list); Professor of Diseases of the Mind and Nervous System in the New York Post-Graduate Medical School, etc. New York: Bermingham & Co. 1883. Price, $2.50.

This work, like every thing from Prof. Hammond's pen, is vigorous in style and replete with significant facts. The whole subject of impotence in the male, its causes, mental and corporeal, with judicious measures for its treatment, is passed before the reader, with so much art in the arrangement, unfolding, and development of its incidents as to render the work almost, if not quite, as diverting as a modern realistic novel.

Some of Dr. Hammond's critics have censured him for tarrying too long upon what might be regarded as forbidden ground, and drawing his pictures somewhat too boldly for the purposes of the physician and moralist.

Dr. Hammond will doubtless answer this by saying that the book contains nothing which is not of real value to the physician who may be called upon to deal with this class of cases; and while this may be true, it is also true that some of its details are of such a character as to give the book a popularity with certain readers outside of scientific circles, among whom its moral influence would be questionable at least.

This remark would be true of not a few other medical books, if it were not that they are saved from a like popularity through lack of that vivid narrative and easy grace of style which make the volume under notice a possible menace to public morals; but while the danger is easily seen it is scarcely fair to blame the author for the free exercise of his striking literary talent when dealing with a scientific subject, though we could wish that in the development of the present theme he had not written quite so well.

Fat and Blood. An essay on the Treatment of certain forms of Neurasthenia and Hysteria. By S. WEIR MITCHELL, M. D., Member of the National Academy of Sciences; Physician to the Orthopedic Hospital, and Infirmary for Diseases of the Nervous System; Fellow of the Philadelphia College of Physicians, etc. Third edition, revised, with additions. Philadelphia: J. B. Lippincott & Co. 1884. Price, $1.50.

This interesting little book has already won a high place in professional esteem. The first edition appeared in 1877, and since that time few American physicians interested in the therapeutics of nervous af-

fections have failed to read it, while the relief that the practice of its precepts has brought to a large class of sufferers has been sufficient to bespeak for its able author a high place among the benefactors of mankind. The work has met with a most favorable reception in England, and has been honored by a translation into the French.

The author's method of treatment consists in a combination of "entire rest and excessive feeding, made possible by passive exercise obtained by the steady use of massage and electricity."

The means are old, but their combination, with the method by which they are effectively applied, is an original feature of the work.

In preparing the new edition, much of the book has been rewritten, and many practical hints with "considerable new matter in regard to the treatment of obesity, the use of milk as a diet, and its effect on the excretions," have been added.

It is a practical, useful, and deservedly popular monograph upon a subject of growing importance.

Correspondence.

MEDICINE BY INUNCTION.

Editors Louisville Medical News:

In presenting this subject to the profession I claim no originality. I wish to speak as a witness in favor of this plan of medication in the treatment of several forms of disease; and while I am a believer in this kind of treatment I am aware that some eminent members of the profession deny that the skin and its lymphatics have the power to absorb any thing whatever. I have recently had some experience with medication by inunction which leads me to believe that the skin absorbs even non-volatile substances rapidly and freely.

Not only has it been proved over and over again that mercury may be given in this way so as to get its full effect, as shown by ptyalism, but quinia or any of the salts of bark can be successfully exhibited by the same method with the advantage, especially in children, that we are thus able to get rid of the unpleasant taste of these alkaloids, which is the greatest barrier to successful administration in the treatment of this class of patients. The thinness of the skin in children makes it easy to get rapidly the full effect of the drug. The following case I think proves clearly the power of the skin to absorb quinine, and the great value of medication by inunction, in a patient who could not take the drug by mouth:

B., white, female, aged two years six months, was attacked, August 17th, with remittent fever, which rapidly developed symptoms of great gravity. Treatment began with quinia by the mouth; but, owing to the extreme irritability of the stomach, little or none of the medicine was retained. The case grew worse from day to day until, on August 23d, I considered it hopeless, there being present well-marked cerebral symptoms. The temperature was 104°; the stomach so irritable that it would not retain even a spoonful of mint-water. The features were pinched, and the skin was livid and covered with a clammy perspiration. I gave one-drop dose of tincture aconite root, which lowered the temperature one degree and the pulse six beats. I then ordered sixty grains of quinia in one ounce of lard, and the child was anointed thoroughly with this every three hours for two days. When I returned on the second day, I found that the case had made a decided change for the better. The symptoms of brain trouble had disappeared, and the child was no longer restless but had had a refreshing sleep. The temperature was 102°, and there was some nausea. I now determined to give this plan of treatment a full trial. A warm bath was ordered to remove the oil from the skin and to facilitate absorption; and the inunction was repeated every four hours.

When I next saw this patient, three days later, convalescence was well established. A tonic of iron was now prescribed. The patient's recovery was rapid and complete.

Since this time I have treated several other cases of malarial fever by this method and with perfectly satisfactory results. Besides carrying the medicine into the system, I believe that the skin absorbs a good part of the oil also, which, if true, is a most important feature of the treatment, since it enables the physician to exhibit in the same prescription supportive and specific remedies at times when both are urgently demanded, and when, from the condition of the alimentary canal, they could not be otherwise successfully administered.

JOHN C. AMIS, M. D.
FLAT LICK, KY

THE staff of editorial writers on the British Medical Journal numbers more than eighty.

Selections.

Two Cases of Peliosis Rheumatica.—Dr. S. Jex-Blake, in the Medical Press: This affection, first described by Professor Schönlein ("*Pathologie und Therapie*," vol. ii.), appears to be so rare in this country that its existence, at least in well-marked and distinctive form, has been denied by some more recent authors. Some interest may, therefore, attach to a short account of two cases that occurred in my dispensary practice last winter, both of them appearing, curiously enough, during the same month.

Case I: G. R., a nursemaid in good service, aged sixteen, applied for advice on December 12, 1882. She had a sore throat, with inflamed tonsils, and also suffered from severe coryza, but was much more alarmed by a rash which appeared plentifully over the whole surface of her lower limbs, but did not extend to the upper part of the body. It consisted of purplish petechiæ, of small but irregular size, and the general effect resembled that which might have been produced by spattering the legs with a brush charged with rather light-colored ink. The pulse was about one hundred, temperature only slightly above the normal, and the previous night's sleep had been pretty good. I sent the patient at once to bed, and treated her for the sore throat and cold without any special reference to the rash.

December 19th: The patient's mother reported that the sore throat and cold had almost disappeared, but that the rash continued much the same, and that some distress was caused by pains in the legs, apparently of a rheumatic character. Salicylate of soda was then given in the ordinary doses.

In about ten days the pain and the rash had both disappeared, and when I saw the patient next, on January 16th, she was perfectly well.

Case II: G. B., a schoolboy, aged, nine, was brought by his mother, on December 26, 1882, for treatment for swelling and pains in the legs; and on inspection a plentiful rash, almost exactly resembling the one previously described, was found on the lower limbs, and, as in the former case, on these only. His pulse and temperature were about normal, and his general health good. The history of this case was more distinctly rheumatic, as the starting-point of the illness seemed to be exposure to cold and wet during a snow-storm encountered on the way to school, after which the boy sat in damp clothes during the time of study.

He was treated with salicylate of soda, and a week later the eruption had much diminished, but the pain, though relieved, had not disappeared. I then advised his mother to give him a diet of fruit and vegetables, instead of meat, and the dose of salicylate was somewhat increased.

January 5th: The pain had gone, and the rash was fast fading.

19th: The rash had entirely disappeared, and there had been no return of pain. The salicylic treatment was now given up, and some cod-liver oil ordered with Parrish's syrup of the phosphates.

30th: A few spots had re-appeared, but faded again without any special treatment.

February 13th: Returned to report himself perfectly well.

Within the last few weeks (December, 1883) inquiry has been made respecting both patients, and it has been ascertained that in neither case has any relapse occurred.

Delivery Prevented by an Enlarged Fetal Spleen.—Surgeon-General Chas. R. Francis, of the British Army, reports in the Medical Press and Circular a very singular case which occurred in the practice of Dr. Webber, of Dinagepore, India: A well-formed native female, aged twenty, was taken in labor with her first child, and attended by a native midwife. The labor had continued for several hours, when the civil surgeon was called, his services being desired owing to the cessation of all pains after the delivery of the head. The child was dead, but he corrected the position with facility, bringing the shoulders down and hooked down the arms with his fingers. In this position traction was practiced for two hours without any advance. At this time the head became detached. The woman was then placed under chloroform and podalic version performed, but still without effecting delivery. It was decided to open up the child's abdomen, the distension of which was an obstacle to delivery. A guarded scalpel was introduced, and, after the opening was made, an enormous and hard tumor was detected, which required to be broken up before it could be removed. The delivery was then easily accomplished, and it was then discovered that the tumor was an enormously enlarged spleen. The

placenta came away in eight hours without flooding, and the woman made a complete, though slow recovery.—*Md. Med. Jour.*

COLLODION.—Mr. Sampson Gamgee, one of England's ablest surgeons, writes, in the Birmingham Medical Review: To swollen parts which can not well be bandaged, collodion is especially applicable for the compression attending its contraction. I was lately consulted in the case of a good looking boy considerably disfigured by a red and swollen nose, which became very pale and visibly contracted just after I painted it with successive layers of collodion. I repeated the application three times in the succeeding fortnight, with the effect of producing shrinkage of the organ to its natural size and color.

When the nasal bones are fractured, a very effective mold for keeping them immovable, after adjusting them with the fingers, may be thus made: place over the nose a thin layer of absorbent cotton soaked in collodion; as it dries another layer of cotton and more collodion, taking care that the application extends sufficiently on each side to give a buttress-like support. The patient compares the feeling to the application of a firm bandage on the nose, and the bones consolidate effectively under the shield, which may be renewed as it cracks and peels off.

FIBROID POLYP OF THE FEMALE URETHRA SUCCESSFULLY REMOVED.—Miss L., aged twenty-one years, a dark brunette of a nervous temperament, consulted me in April, 1883, in regard to some vesical trouble. The inception of the disease dated back two years prior to the time the patient was seen by me. There was great difficulty in making water, the stream coming frequently in a small interrupted jet, and sometimes dribbling away guttatim. She had a constant desire to micturate; this was exceedingly painful, attended with a scalding, burning sensation along the urethral tract, the urine at times tinged with blood. After the completion of the act of urination there was a marked tormina and tenesmus of the bladder. If the patient chanced to be so situated that the bladder could not be emptied immediately, then an accumulation took place frequently an involuntary discharge of urine would result. The constitution appeared to be giving away under the local trouble; the patient very despondent, suffering from various nervous phenomena; tongue foul, frequent headache, acid eructations from the stomach. Gaseous collections in the bowels, fullness and painful sensation in the lower part of the hypogastric region, and darting, lancinating pains in the small part of the back, extending down the thighs. The attention of the patient was frequently directed, while walking, to a painful swelling at the upper anterior portion of the vaginal outlet. So disagreeable did this sensation become that she was debarred from taking the necessary out-door exercise. The general constitutional symptoms and the local vesical trouble were greatly aggravated at each monthly epoch. Placing the woman on her back, the hips well over the edge of the bed, I passed my finger into the vagina along the under surface of the urethra, and at the junction of the latter with the bladder I could distinctly detect the presence of a growth. The manipulation with the finger showed but little mobility in the tumor. A silver catheter passed along the urethra was arrested about half an inch anterior to the neck of the bladder, but with little patience the proximal end tilted upward so as to make the distal point of the catheter hug the lower floor of the urethra, and its end deflected to the right, the instrument passed the growth, entering the bladder. The effort gave considerable pain; withdrawing the catheter, a small probe was passed between the upper wall of the urethra and the tumor; the only point of obstruction was in the lower wall. This examination led me to believe that the tumor was attached to the lower wall of the urethra; neither instrument imparted any roughened sensation, leading to the opinion that an impacted calculus might be the source of trouble. Finding the urinary meatus patulous, the index finger well oiled was passed into the urethra up to the obstruction. This enabled me to confirm the opinion of the tumor's attachment, its pedunculated character, and that the body of the growth was bent backward into the bladder.

May 19, 1883, the following operation was performed: The patient under the influence of chloroform, on the left side and the lever speculum in position, a grooved director with angular handle was passed down the urethra to the neck of the tumor. While this instrument was held by an assistant, the nail of my left index finger was engaged in the groove of the director; and, guided by this, a bistoury was pushed through, dividing the urethral canal along

the groove of the director from a point one quarter of an inch from the meatus back to the attachment of the growth. Through this wound a pyriform shaped fibroid polypus was drawn out, the body about the size of an egg, with a short constricted neck. While the tumor was held with a tenaculum, a needle armed with a double carbolized ligature coated with shoemaker's wax was passed through the pedicle close down to the wall of the canal, the base securely tied and the tumor excised a little above the loop. After cleansing the parts with carbolized water, the wound was closed by eight interrupted silver wire sutures. A rubber tube with eyelets on each side was placed in the bladder to conduct the urine. The patient complained of some tenderness at the lower part of the bowels for forty-eight hours after the operation. There was febrile reaction, and a distressing nausea with vomiting of bilious matter. She took three times a day the following pill:

℞ Acid carbolic, ... gutt. xij;
Sodæ bicarb., ... grs. xxiv;
Pulv. opii., ... gr. iv.
M. Ft. pil., xij.

The vagina was syringed out once a day with carbolized water, and the bladder each morning was injected with weak carbolic water. Under the treatment she continued to improve, making a good recovery. Sutures removed on the fifteenth day. Wound found nicely healed. The pedicle ligature was removed along with the tubing on the eighth day, it having become entangled in the eyelets of the tube. The patient is now in excellent health, entirely eelieved of all vesical trouble.

Biliary Calculi.—Dr. Windle showed to the Birmingham Medical Society a number of biliary calculi; one, as large as a pigeon's egg, had been passed *per anum*. He asked whether it was possible for such a stone to pass through the common duct. Mr. Lawson Tait had seen, in his operations of cholecystotomy, a duct so dilated that he could almost pass his finger into the duodenum.

Nervous Prostration. — Prof. Bartholow thus correctly defines it in reply to the question, What is meant by nervous prostration? I respond, a disease, usually functional, situated in one or more organs, during the course of which reflex disturbances of the brain occur, and numerous subjective sensations in all parts of the body are realized by the consciousness. I deny that neurasthenia is a primary nervous affection, or that it is a substantive disease. I hold that it is symptomatic and secondary. This conception fixed in the mind, the treatment of neurasthenia is successful or unsuccessful, according to the measure of our skill in localizing the initial disturbance, and in addressing our remedies to that as well as to the general state.

The Feeding of Infants.—Dr. V. Poulain believes that the reason that cow's milk so often disagrees with children is to be found in the fact that cane-sugar is used to sweeten it. In the British Medical Journal, he says that for thirty-three years he has used the sugar of milk with the best results.

Prolonged Maintenance of Life without Food.—Dr. Chas. J. Renshaw reports, in the British Medical Journal, a case in which a cancer patient lived thirty nine days and fourteen hours supported wholly on water and morphine.

Application for Warts.—Dr. Cordes, of Geneva, states (*Journal de Thérapeutique*) that he has always found the following application successful: Iodine six, crystallized carbolic acid twenty-one, and alcohol two parts and a half by weight. After scraping the wart or cutting it down to a level with the skin (without causing it to bleed), he touches the wart with a few drops of the above solution. In a minute it becomes soft, and allows of another scraping and a new application; and sometimes even a third scraping and application can be made without causing bleeding.—*Med. Times and Gazette.*

It has been estimated that the loss to the producers from hog cholera in 1875 amounted to the enormous sum of fifteenn hundred thousand.

A New medical college in Cincinnati has been organized under the title of the Medical University of Ohio.

ARMY MEDICAL INTELLIGENCE.

Official List of Changes of Stations and Duties of Officers of the Medical Department, U.S.A., from January 12, 1884, to January 19, 1884.

Brewster, W. B., First Lieutenant and Assistant Surgeon, resignation accepted by the President, to take effect February 7, 1884. (S. O. 10, A. G. O., January 12, 1884.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, FEBRUARY 2, 1884.

Original.

LUMBAGO: ITS CAUSES AND TREATMENT.

BY L. S. OPPENHEIMER, M. D.

By *lumbago* we commonly refer to a rheumatic affection of the lumbar muscles. It is a useful term, because we may hide under its kindly and aristocratic cloak a multitude of *trau*matic, *rheu*matic, kidney and other sins. This paper intends, in a very short way, to stand under the scientific shade of this mantle. That is, it shall deal with it as a sub-acute and chronic state, making itself known by pain in the lumbar muscles.

Lumbago is to be differentiated from nephritis, hyperemic kidney, and disorders of the female generative organs.

In nephritis we will discover albuminuria from the beginning of the disease. Hyperemic kidney demands closer investigation; it usually gives rise to backache, sometimes of great severity and accompanied by bladder irritability. An examination of the urine should never be neglected when such symptoms present themselves. There is still an impression among many practitioners that the absence of tube casts and albumen proves the non-existence of renal disorders. In hyperemic kidney tube casts are commonly absent, and albumen may only be present at certain times, intermittency being the rule. The microscope will reveal some renal epithelium, a few blood corpuscles, and white cells.

Lumbago is readily diagnosed by exclusion. Most of such cases are probably due to catching cold (rheumatism). Others are due to straining in lifting heavy weights or to traumatism. Obscurity in the origin of the lumbago is of such common occurrence that the following explanation of many of such cases seems very applicable to this point:

Dr. Turle, in the British Medical Journal, 1881, makes this suggestion (Louisville Medical News, 1881): "Let any one on a cool night *when warm* in a bed, in which he has not been tucked up after getting in, place his hand (still under the bed clothes) at that part of the edge of the bed which is on a level with the small of his back. He will feel a very cold current of air rushing in to supply the place of that which is being expelled more gently upward (relatively to the head) by the warmth of his body. The back is often near enough to the edge of the bed for the cold air current to chill the lumbar muscles, and so to produce in them that temporary rheumatic stiffness and pain in the morning."

The back is, as all know, peculiarly sensitive to heat changes; and during sleep the body is in a most favorable condition for powerful impressions to be made upon it. The organs are in a passive state, and although slow enough to receive, are still slower to cast off any subtile influence. Thus is it highly probable that this current of cold air, in rushing against the back, may be responsible for some grave forms of acute and chronic nephritis.

That this neglect in tucking in the bed clothing is a "most frequent cause of backache can be proved by the certainty with which protection of the back from cold during the night prevents the recurrence of any trace of the pain."

Another source of lumbar rheumatism is the habit of sitting too long in out-door privies during cold weather, chilling the back, and ofttimes giving rise to serious pelvic inflammations in women. Some of these troubles can be accounted for in no other manner. Women should be instructed in these and like matters, because a knowledge of hygiene and physiology is far more essential to woman's enjoyment of life than to man's.

Strained back from lifting, or from labor requiring continuous bending of the body, is likely to be underestimated, and may give rise to permanent weakness of the lumbar muscles.

Traumatism of the lumbar muscles or of the vertebræ is frequently diagnosed and treated as lumbago. Closer investigation is demanded in all such cases.

Obstinate constipation will often give rise to most persistent backache—a mild cathartic should be given and continued for a good length of time.

The treatment of lumbago, as practiced by the writer for the past eight years, is mainly of a local character, and no other treatment has seemed to give as good results. The best results are obtained by mild counter-irritants, dry cups, and dry heat. Counter-irritation, although a most useful remedy for this ailment, should never be excessive, but should be mild and continuous. For this purpose turpentine, mustard, camphor, and capsicum are most applicable, and in severe cases these may be preceded by hop poultices or dry heat. The turpentine may be sprinkled on a piece of flannel that has just been wrung out of hot water and quickly applied to the back. Camphor and capsicum may be added to the turpentine.

Chronic localized lumbago of traumatic origin is often relieved by systematic painting with tincture of iodine.

These measures of treatment are especially applicable to chronic cases. In acute lumbago, when the pain is excessive, I have used a fly-blister with good effect, though I regard morphia as the remedy above all others.

Many acute cases may be relieved by almost any rational treatment; with ten grains of quinine given every four hours I have often cut short a most severe attack.

For chronic sufferers the writer has advised the continuous wearing of a flannel *pad*, made large enough to cover the whole lumbar region thoroughly with double thickness of flannel; between the flannel layers is sprinkled powdered mustard and capsicum and tincture of camphor. This may be renewed from time to time. The pad is worn next the skin, and is retained in position by fastening to the undershirt with safety-pins or suspended from the shoulders by means of tapes.

Dry cupping once or twice a week is very often followed by remarkable success. From three to five cups are applied on each side of the spine, and allowed to remain from five to twenty minutes. The writer has treated quite a number of lumbago cases successfully with this method alone, after diuretics, etc., had been used for a long time without effect.

Where a decided rheumatic tendency exists, the administration of small and frequently-repeated doses of salicylate of soda, as first suggested to me by Dr. E. R. Palmer of Louisville, several years ago, has been of decided value.

In all severe cases of lumbago and sprained back absolute rest is imperative. The patient should be put to bed and kept warm and comfortable.

Not infrequently, in very mild cases, the use of belladonna and porous plaster, or the so-called capsine plasters, is followed by relief. If, however, the benefit is not experienced at once they are worthless and should be cast aside. Plasters of the former kind at least do not cure, they are merely palliative.

An excellent mode of treating *weak back* is by cold-water sponging every morning. The person may begin the plan with lukewarm water, gradually lowering the temperature from day to day. It is essential in treating all cases of chronic lumbago to keep the back very warm.

A mild diuretic may be given for its moral effect in most of these cases; it is not otherwise essential in the sub-acute and chronic forms of the disease; but in acute cases diuretics are often of great service.

If a traumatic origin of the lumbago can be discovered, there will usually be found a circumscribed spot of extreme tenderness over the spinal vertebræ or the muscles themselves, and the application of a stimulating liniment or nightly painting with iodine will as a rule remove the trouble in course of a few weeks.

SEYMOUR, IND.

TREATMENT OF ULCERS BY THE SUBCARBONATE OF IRON.—Dr. Maison regards subcarbonate of iron as the best remedy for the local treatment of ulcers of various kinds, even those of syphilitic origin. The mode of application is as follows: The surface of the ulcer is first washed with carbolized water and then dusted thickly with powdered subcarbonate of iron, and over this is put a starch poultice. The dressing is usually changed twice a day. The healing process is very rapid, and has even taken place in ulcers which were rebellious to treatment by iodoform.—*Medical Record.*

Miscellany.

LOUISVILLE MEDICAL COLLEGE.—We clip the following editorial note from the Pacific Medical and Surgical Journal: "The Louisville Medical College is a most irregular regular school. The means taken by it to get students are no better than the tricks of Buchanan. Its graduates are refused licenses by several Examining Boards, and will be refused by all as soon as the character of the school shall have been fully exposed. Prof. Briggs, Dean of the University of Nashville, publishes a letter received by him, of which here is a copy: 'Professor Brigs, dean of the University of Nashville. the Louisville Medical College offers to take four students for fifty Dollars, What is the best terms your skool kin give us pleas reply sune and I remain yours truly,————.' The Louisville Medical News, the editor of which knows all about what he terms 'this misguided school,' publishes a letter which issued directly from a representative of the school, and adds: 'It needs no comment, for it speaks in trumpet tones—may we not say without being unparliamentary, in strumpet tones.'"

INTESTINAL OBSTRUCTION.—Dr. Thomas, before the Sheffield Medico-Chirurgical Society, November 22, 1882, first related two cases of obstruction from impacted feces, and then brought some particulars forward to illustrate the value of kneading in such cases. The first, a man, aged thirty-six, had a swelling between the spleen and iliac region, measuring three to four inches wide, and five inches long. It was hard, irregular, and movable. There was vomiting, not stercoraceous; obstinate constipation; the bowels had not been moved for six weeks. Impaction of the feces was diagnosed. A strong purgative, gruel injections, and castor oil were administered with effect. Kneading of the tumor was then resorted to, especially at its lower part; the injections were continued; in four days the swelling had disappeared. Dr. Thomas stated that the sound of the moving feces was heard with the stethoscope. He referred to another case in a young married lady, in which kneading equally proved of service, and he raised the question as to the cases in which friction was allowable. A third case was related of obstruction, with stercoraceous vomiting, in which death resulted at the end of a week. At the post-mortem examination the sigmoid flexure was found bent on itself at an acute angle. This, with a fold of gut, at once completely closed the canal. Dr. Thomas then related particulars of a patient, aged thirty-five, who had had obstruction, with stercoraceous vomiting, for three days, when admitted into the public hospital. After admission, he vomited some food he had taken before leaving his home, but was afterward easy, and had no vomiting until the next afternoon. Then the stercoraceous vomiting commenced again; and, after a consultation with his surgical colleagues, Mr. Thorpe opened the abdomen in the median line, under strict antiseptic precautions. A strong band of lymph was found stretching across the ileum, an inch from the ileo-cecal valve. This was severed, but the patient died in an hour after the operation.—*British Medical Journal.*

THE Weekly Drug News and American Pharmacist gives the following summary of the New York State Penal Code, so far as it relates to druggists:

Prescription. No person shall prepare a medical prescription unless he has served two years' apprenticeship in a drug-store, or is a graduate of a medical college or college of pharmacy, nor shall any proprietor permit any person not possessing such qualifications to prepare a medical prescription in his store, unless under his supervision.

Labels. It is a misdemeanor for any person to omit to label, or willfully, or through ignorance, put any untrue label upon drugs or put upon any thing a false description or mark respecting the number, quality, weight, or measure; or to sell or offer for sale an article which to his knowledge is in any way falsely represented.

"*Selling poison without label.* A person who sells, gives away, or disposes of any poison or poisonous substance (except upon the order or prescription of a regularly authorized practicing physician), without attaching to the vial, box, or parcel containing such poisonous substance a label with the name and residence of such person, the word "poison," and the name of such poison, all written or printed thereon in plain and legible characters, is guilty of a misdemeanor."

Record. There must be recorded in a book kept for that purpose the names and residences of all persons to whom poisons have been sold, together with the kind and quantity of such poison and the name of

some person known to such dealer as a witness to the transaction, except upon the prescription of some practicing physician, to which prescription the physician's name shall be attached. A refusal on the part of the druggist to allow any person to inspect such book is punishable by a fine not exceeding fifty dollars.

Adulteration. It is a misdemeanor to adulterate or dilute any drug, medicine, food, or drink for man or beast, or, knowing the same to be adulterated, to offer for sale or sell as unadulterated or undiluted without informing the purchaser of such fact.

Indecent Articles. It is also a misdemeanor to sell, lend, give away, or exhibit any instrument or article or any drug or medicine for prevention of *conception*, or for causing an unlawful abortion, or in any way to give information stating where or how such article or medicine can be purchased or obtained.

Imitations of any articles, without disclosing the imitations by a suitable mark or brand; using or keeping false weights, and concealing foreign matter in merchandise, are crimes punishable by fines.

Intoxication and ignorance of the law do not excuse any one. Insanity must be proven.

Detroit Views on Adulteration of Drugs.—The Detroit Free Press recently published the following note:

A druggist in Paris has been sentenced to a year's imprisonment, to pay a fine of 1,000 francs, and to have his name published in twelve political and professional papers. Should he ever reopen his store, a sign is to be affixed reading: "Sentenced for adulterating sulphate of quinine." Should such a penalty be inflicted for the offenses in this country the penitentiaries would be crowded; the public treasuries running over with funds from fines, while the newspapers and job printing offices would flourish on the advertisements and placards alone.

Having been remonstrated with by a committee from the Detroit Pharmaceutical Society, who regarded the above as slandering the profession, the subjoined paragraph appeared in a subsequent issue:

Members of the Detroit Pharmaceutical Society say that the intimation in the Free Press of Thursday that the adulteration of drugs was a very common practice in this country is certainly without warrant so far as the druggists of Detroit are concerned, and that the same remark can be made with reference to druggists generally. They admit regretfully that, as there are black sheep in every flock, so there are here and there pharmacists unworthy of an honorable and important profession, who adulterate drugs, but they are in an insignificant minority. The Detroit pharmacists say, further, that there never was a time in this country when so much pains were taken as now to see that drugs were pure, and that one of the chief aims of their society was to insure even further improvements in this regard. With this aim the Free Press is in hearty sympathy, and it is glad to record the promptness with which Detroit druggists proclaim their willingness to stand by the purity of the drugs which they dispense.—*Weekly Drug News, etc.*

A Point in Prognosis.—B. E. Hadra, of San Antonio, Texas, writes the following to the American Journal of Obstetrics. He claims that no mention is made of the phenomenon in any text-book of medicine:

There is a phenomenon presenting itself in some diseases of children, which seems to me to be of more importance in connection with prognosis than is generally known. In exhaustive diseases, such as diarrhea, typhoid fever, and others, after having for days persistently refused nourishment, the child suddenly swallows with avidity whatever is offered, food or medicine indiscriminately. Even quinine will be taken as readily as sugar. Such an occurrence is generally hailed with delight by the interested bystanders, but in reality it is a very untoward symptom. In my experience it frequently warrants an unfavorable prognosis. An explanation of this sudden change may, perhaps, be found in the cessation of cerebral function through the want of nutrition or of stimulation.

Combined with this behavior is often found the Cheyne-Stokes breathing, and this coincidence goes far to support the above explanation, as this respiratory disorder has been traced also to the want of stimulation of the respiratory centers.

A Long Cord.—At a recent confinement we found, at the delivery of the child, that the cord was wound around the neck five times. After its release, on measurement, we found it to be forty-nine inches long. Rather a phenomenal length in our experience.—*New England Medical Monthly.*

The Louisville Medical News.

Vol. XVII. SATURDAY, FEB. 2, 1884. No. 5

L. P. YANDELL, M.D., - - - - - - }
H. A. COTTELL, M.D., - - - - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

PTOMAINES.

Perhaps the most remarkable of recent discoveries in chemistry are certain substances resembling closely the vegetable alkaloids, to which the name "ptomaines" has been given by Selmi as indicative of their cadaveric origin. Though these substances have been frequently alluded to in medical and other scientific journals, mentioned in recent editions of standard works on chemistry, and made to figure quite effectively to the confusion of experts in certain trials for murder, they have till quite recently been scarcely more than a name.

A satisfactory survey of the work done by various chemists in this line of research, by R. N. Wolfender, B. A., M. B., Cantab., is published in a recent number of the London Lancet, from which it would appear that ptomaines are likely to play an important part in the physiological, pathological, and medico-legal investigations of the future.

After a description of the general character of ptomaines, from which it appears that some are innocuous, others energetic poisons, and that they answer to nearly the same reactions as the vegetable alkaloids, their physiological properties being their only distinguishing characteristics, the author considers them under three heads: (1) As constituents of normal tissues; (2) their presence under certain pathological conditions; and (3) as a cadaveric or artificial production.

Physiologically they are the result of tissue metamorphosis, and have been found in fresh (human) saliva, in snake poison, and in normal urine. From twenty or thirty cubic centimeters (less than an ounce) of saliva, a poisonous substance has been obtained in sufficient amount to reduce ferrocyanide of potassium with a few drops of ferric chloride, forming Prussian blue, and to kill a frog in a short time when injected into his thigh.

From the urine a substance with decided alkaloidal reactions and of very poisonous properties was found by Gautier, while snake poison it would appear, upon the same authority, has been found to "differ from human saliva only in the intensity of its action."

In certain Pathological conditions, recent observations of Selmi's on what he calls pathological bases would seem to show: (*a*) In urine of patients suffering from progressive paralysis there are two volatile bases, the one like nicotin, the other like coniin. (*b*) In urine voided during interstitial pneumonia were two alkaloidal bases, one having the odor of stinking fish, the other of ammonia. (*c*) Two similar bases were found in the urine of patients with abdominal typhus. (*d*) In tetanus a base like coniin was discovered in the urine. (*e*) In the urine of "miliary fever" an alkaloidal base having the odor of stinking fish has been observed.

As a cadaveric or artificial production: There can be no further doubt that these bodies are largely produced in the process of decomposition of nitrogenous or proteid tissues. Since Selmi first described their production his facts have been abundantly confirmed and extended. There are many varieties of them, and they vary much in their nature, according as the length of time after death is long or short. They are, however, of slow production naturally, a point referred to before, and to be borne in mind in conducting medico-legal inquiries. Stinking fish, bad meat, etc., all contain poisonous principles which can be extracted after the manner of ptomaines. The gastro-intestinal irritation and profound toxic symptoms produced by the ingestion of bad food are probably at the bottom processes of alkaloidal poisoning. It is even probable that many so-called

uremic phenomena are produced by the retention within the body of these alkaloidal poisons; and, further, that the products of gastric digestion contain poisonous properties which, imperfectly excreted, may become toxic. There is a statement by Balduino Bocci that normal urine, especially after meal-times, if injected into frogs destroys them rapidly. The observations of Gautier that an alkaloid of highly poisonous nature is to be obtained from normal human urine is of importance with reference to this point.

Both from freshly prepared peptone made by the action of gastric juice on pure fibrin, and from stinking peptone by boiling with caustic soda, evaporating, extracting, and purifying, toxic alkaloids can be obtained which kill frogs and rabbits in a few minutes. Putrefying casein, brain substance, liver, and muscle also yield these products. I have confirmed the observations of others as to the production of these substances, and I have also confirmed the statement of Gautier as to *the production of a toxic principle from ordinary fresh saliva, which are very destructive to small animals.* The extension of these observations to the investigation of snake poison and the salivary poisons of certain animals in the pathological state (rabies, etc.), becomes of extreme import. The investigations of Weir Mitchell on the production of snake-poison are of extreme interest in connection with this point, indicating, as they do, the discovery of three toxic principles in serpent's venom, the one resembling a peptone, the other a globulin, and the third serum albumen.

The ptomaines so far described are: (1) Ptomaines, like atropin and hyosciamine, crystalline, which dilate the pupil and accelerate the heart, obtained from putrescent albuminous fluids. (2) An alkaloid from decomposing yeast (Schmeideberg and Bergmann) which the authors call sepsin, and which resembles strychnia. (3) An alkaloid resembling morphia in its tests, but not in its physiological properties (Selmi). (4) One agreeing with delphinin, and which by warming with phosphoric acid gives a red color. It does not agree physiologically. (5) One resembling strychnia in its behavior toward sulphuric acid and potash bichromate, but not causing tetanus (Ciotto). (6) Alkaloids like muscarin (Gautier, Brieger, etc.). (7) Alkaloids like coniin, colorless, leaving a sharp taste like tobacco, and consisting of a poisonous and non-poisonous moiety, one part volatile the other non-volatile; one soluble and precipitated by warmth, like coniin, the other not. (8) Alkaloids resembling parvolin and hydrocollidin (Gautier and Stard), and one like collidin (Neucki.)

The author sums up his conclusions as follows:

1. There are developed in the body, post-mortem, poisons of an alkaloidal character, and which can be obtained also by decomposition of albumen peptone, casein, muscle, brain, etc. Moreover, they seem to be present in some normal secretions (saliva and urine).

2. These cadaveric alkaloids may be mistaken, post-mortem, for vegetal poisons administered with evil intent, but if the body be examined within from twenty-four to forty-eight hours after death, any alkaloid there found would be strong presumptive evidence of poison, and not ptomaine. After a couple of days it may be a matter of doubt.

3. There is no satisfactory test surely indicating the presence of ptomaine. Physiological characters must be taken in conjunction with chemical tests.

4. Probably the production of ptomaines within the living body may be the pathological cause of many obscure conditions, especially those following on poisoning by bad food, such as stale fish, etc.

Several of the above conclusions are marvelous indeed, and aside from their chemical and medico-legal interest, give to the animal alkaloids certain toxicological possibilities of startling significance.

One of the questions which would seem to have received especial light through these investigations is that of the venomous quality of saliva in men and animals under certain conditions, a fact alluded to by the elder Pliny in his comments upon the habits of certain snake-charmers (the Psylli), and recently noted by Pasteur. However, under the hypothesis above suggested, that the difference between the human saliva and snake poison is one of degree only, it would be difficult to explain why the saliva of fasting men should be fatal to serpents when put in their mouths, as was claimed by Pliny. That decaying animal food should so often prove poisonous is made clear by this discovery, and it would seem that the consumers of Limburger cheese, and what is called "high game," might here take timely warning as to the danger of their favorite gastronomic diversion.

The above points by the way; but what shall we do with the statement that *fresh normal saliva contains these toxic alkaloids,* and that

they are also found in peptone made by the action of the gastric juice on pure fibrin? If these statements be true, then more truly than ever may it be said that we carry within us the elements of our own destruction, since every man must, during or after a normal digestion, take into his blood a deadly poison, which, through any defect in his eliminative apparatus, may seriously impair his health if it does not cost him his life.

Bibliography.

The Opium Psycho-Neurosis, Chronic Meconism, or Papaverism. By C. H. Hughes, M. D., St. Louis. Reprint.

Report of Proceedings of the Illinois State Board of Health. Quarterly Meeting, Springfield, January 17, 18, 1884.

Borderland Psychiatric Records — Prodromal Symptoms of Psychical Impairment. By C. H. Hughes, M.D., St. Louis. Reprint.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States, for the fiscal year 1883. Washington: Government Printing Office. 1883.

Annual Address, delivered before the American Academy of Medicine, at New York, October 10, 1883, by Henry O. Marcy, A. M., M. D., President of the Academy. Philadelphia. 1883.

The Electro-Osteotome. A new instrument for the performance of osteotomy, by Dr. M. Josiah Roberts, Professor of Orthopedic Surgery, etc., New York Post-Graduate Medical School. Reprint. 1883.

Transactions of the American Surgical Association. Volume 1. Edited by J. Ewing Mears, M. D., Recorder of the Association. Philadelphia: Printed for the Association, and for sale by Presley Blakiston, Son & Co. 1883.

Clinical Lecture on the Mechanical Treatment of Caries of the Lumbar Vertebræ. Delivered on December 6, 1882, by Dr. M. Josiah Roberts, Associate Professor of Clinical and Operative Surgery, Instructor in Orthopedic Surgery in the New York Post-Graduate Medical School. Reprint. 1883.

Proceedings and Addresses at a Sanitary Convention, held at Pontiac, Michigan, January 31 and February 1, 1883, under the direction of a Committee of the State Board of Health, and a Committee of Citizens of Pontiac. Supplement to the Report of the Michigan State Board of Health for the year 1883. No. 198. By authority. Lansing, Mich.: W. S. George & Co., State Printers and Binders. 1883.

Proceedings and Addresses at a Sanitary Convention, held at Muskegon, Michigan, August 23 and 24, 1883, under the direction of a Committee of the State Board of Health, and a Committee of Citizens of Muskegon. Supplement to the Report of the Michigan State Board of Health for the year 1883. No. 200. By authority. Lansing, Mich.: W. S. George & Co., State Printers and Binders. 1883.

Conversations upon the Physical and Mental Hygiene of Girlhood; with a Supplement upon What Constitutes the True Woman. By Thos. S. Powell, M. D., Professor of Obstetrics and Diseases of Women and Children, and Lecturer on Medical Ethics, and Medical Literature in the Southern Medical College, Atlanta, Ga. Reprint. 1881.

International Review of Medical and Surgical Technics. Vol. 1, No. 1. Official Organ of the American Association of the Red Cross, published quarterly. Edited by Joseph H. Warren, A. M., M. D., Charles Everett Warren, M.D., and Willard Everett Smith, M. D. Boston, Mass., U. S. A.: Published by the International Medical Exchange, 51 Union Park.

This journal is a handsome quarto of one hundred and thirty pages, ably edited and full of valuable matter pertaining to the special department of medicine which it essays to represent. We welcome the new-comer among our exchanges, and wish it long life, with an ever-widening sphere of usefulness.

PROVIDENTIAL(?).—During the gale which swept over England on the evening of the 11th instant, a surgeon in a suburb of Manchester was setting the leg of a lady, fractured by the fall of a part of the house, when another portion of the building fell and broke the unfortunate gentleman's thigh.

FOUR thousand persons are said to have commited suicide last year in Paris, France.

Correspondence.

SOME MORE OBSERVATIONS ON THE PATHOLOGY OF PREGNANCY-VOMITING.

Editors Louisville Medical News:

Who essays to criticise the teaching of others, can not reasonably demur at being subjected to the like himself. I accept in good part the effort of Dr. Hachenberg in the NEWS of January 12th anent my article of December 1, 1883, in the same journal, on the pathology of pregnancy-vomiting, questioning the validity of the views put forth by some eminent teachers therein named. But while *ac*cepting it in good part, I *ex*cept to some portions of it as not correctly representing my positions. The doctor says, that "after rejecting all the various theories advocated by the most distinguished gynecologists as to the cause of" pregnancy-vomiting, "I bring forth my own." I submit that this is not a fair statement of the position taken in my paper. The point I undertook to make was, that when certain eminent writers mentioned put forward a theory, each for himself, and nearly all of them differing each from the other, that some *disease* of the womb, or some malposition of the organ, or some contraction of the canal, some *pathological* condition or other was *the* cause of pregnancy-vomiting—meaning thereby that all, or the great majority, of the cases of vomiting during gestation are the results of disease of some form or other about the uterus—that they were teaching what was not true; and that, on the contrary, while it might be admitted that the theories of Hewitt, Barnes, Bennett, Sims, and others were justifiable in certain cases (but these only a comparatively small minority of the total), "the *predominating* potentiality of vomiting in pregnant women is the pregnancy itself." "Flexion or malposition of the uterus" (Hewitt) may be a cause of the stomach trouble—*the* cause—in given cases; "inflammation of the cervix" (Bennett) may be a or the cause in other given cases; "induration of cervix or contraction of the canal" (Copeman) may be a or the cause in other given cases; but when it is taught, or when it is left to be inferred as taught, that any one of the conditions mentioned is especially *the* cause, as a rule (as has certainly been left by the writers to be inferred), of pregnancy-vomiting, then that teaching is erroneous and calculated to lead the student in obstetrics astray. Until reading the criticism of Dr. Hachenberg I had been egotistical enough to suppose that the points in my paper were lucid enough to be generally comprehended, even if they were not agreed with; and the egotism to that extent had been fortified by several letters of commendation from men in the profession whom I have heretofore supposed to be possessed of good sense and respectable discrimination; but *since* reading Dr. H.—well, perhaps the paper was too muddy for him!

The doctor asks, with reference to the postulate, the predominating potentiality of pregnancy-vomiting is the pregnancy itself, "Is it not strange that Burns, Penman, Churchill, Dewees, Ramsbotham, Marion Sims, Henry Bennett, and the other great gynecologists he so unmercifully criticised have never thought of this?" In answer, none of the five first named were criticised at all in my paper, nor was any attempt made to criticise them. Secondly, what I gave from Burns in relation to the pathology of pregnancy-vomiting—"Vomiting is a very frequent *effect* of pregnancy;" from Penman—"Sympathy which one organ has with disturbance in another;" from Blundell—"One of the diseases of which pregnancy is the cause;" from Churchill—"Intimate sympathy between the uterus and the stomach," all show as plainly as is possible to be shown that they *did* think of exactly the same thing that my postulate expressed. The language used in my paper was simply the putting of the thought or theory in a different form of words. There was no attempt in the article to advance any thing new, the object was rather to fortify the position of the older writers as in opposition to the several different theories propounded by some newer lights in relation to *the* pathology of pregnancy-vomiting. So far, then, from there being any thing strange in the older writers mentioned never having "thought of this," it would be much more pertinent to wonder that none of them ever thought, or at least never gave utterance to the thought, that either "flexion and malposition of the uterus," "extreme extension of the organ," "inflammation of the cervix," "hyperesthetic condition of the neck," "congestion or granular erosion of the cervix," "induration of the cervix and contraction of the canal," or any other pet theory, as being *the* cause particularly and especially, as some of the more modern writers have done.

Dr. H. tells us that, in taking up the theory I endeavored to elucidate, "there are several strong points not in its favor." The chief of these he puts in this question: "If the predominating potentiality of vomiting in pregnant women was pregnancy itself, why is it that so many pregnant women never manifest this symptom?" Evidently this is designed for a stumper. It is no impeachment of the intellectual acumen or the professional knowledge of any man to admit that almost any one can ask him plenty of questions he can not satisfactorily answer. When one gets where he is ready to acknowledge that there are a great many phenomena manifested in the human system, in health as well as in disease, the exact reasons for which he is profoundly ignorant of, he can congratulate himself on having reached a common-sense position. I am very ready to admit that the question of the doctor is quite beyond my ability of satisfactory reply. Having made this admission, will the doctor allow himself to be put on the witness-stand in turn? If the cause of vomiting in pregnant women is flexion or malposition of the uterus (Hewitt) why is it that some pregnant women having trouble of that sort never manifest the symptoms of vomiting? If the cause is inflammation of the cervix (Bennett), why do n't every pregnant woman who has an inflamed cervix spit up her breakfast? If the cause is a hyperesthetic condition of the neck (Sims) or congestion, or granular erosion (Jones), or induration and contraction of the canal (Copeman), why do n't *every* pregnant woman carrying any one of these abnormal conditions manifest the symptoms of morning sickness? If the sight of blood almost invariably makes one man faint away, why is it that so many other men see blood often but *never* faint away? Why is it that some women will always go into semi-hysterics at the sight of a mouse, while some other women never manifest that symptom at the sight of a mouse? If a rusty nail stuck into the heel of a man's foot causes lockjaw why don' t every man have lockjaw who gets a rusty nail in the heel of the foot? The facts *are: why* they are, is not so easy to answer as to ask.

I say the facts *are*. It is true that some pregnant women who are troubled, less or more, with vomiting, have some one of the diseases of the uterus or its neck, or of the malpositions or other abnormal conditions of the organ mentioned by the eminent authorities I had the effrontery to criticise. It is also true that some other pregnant women having some one of the same diseased or abnormal conditions never manifest the symptom of vomiting. *Why* that is so I do n't know, I simply know the fact. It is also true that some women—a great many of them—have some one of the diseases or abnormal conditions mentioned, some of them for months without any stomach trouble; but directly after they have taken an embryo on the stocks they begin to spit up their daily breakfast. Is the *cause* here the previously existing pathological condition, or is it the added physiological condition of pregnancy? The eminent authorities, whose dictum I called in question, would likely say it was the pathological trouble, despite which the observing physician, though he be not an eminent authority, is justified in entertaining the more rational opinion, that the added physiological condition is fairly chargeable as cause, and especially so if the incontrovertible logic is backed by a personal experience more reliable for him than can be the experience of any other person, howsoever eminent he be. It is further true that a great many women, for a longer or shorter period of gestation, are troubled with the morning sickness who have no disease of the uterus or its appendages, no abnormal condition whatever, not any one of the troubles mentioned, and in this class is the great majority of the aggregate of those pregnant women who vomit. What is most rational to say of these in regard to the *cause?* Clearly, "effect of pregnancy" — Burns; "sympathy which one organ has with another"—Penman; "disease of which pregnancy is the cause"—Blundell; "intimate sympathy between the uterus and stomach" —Churchill; repeating my own language, "the potentiality is the pregnancy itself."

It is scarcely necessary to go over all the ground traveled in the former paper on this subject to the end of establishing the positions taken in it. Instead, let us make note of some things that come to our observation in intercourse with patients and their acquaintances. It is not an infrequent experience for the medical man to encounter some elderly lady of his neighborhood, who, with a knowing look in the corner of her eye, will want to know what is the matter with Mrs. Dolby. Tell her you do n't know, and she will reply, "Well, I know. She was in here yesterday telling me she had been sick at the stomach every morning for the last week. Humph! I know

what is the matter. I told her to wait nine months, and she 'd find out. It 's just as I used to be every time; I could always tell when I set out, just because of the vomiting. I 've had seven children, and it was always so; I ought to know about it. I told her she need n't be frightened; it would come all right nine months from now." And a week or so short of nine months it does come out all right, and Mrs. Dolby sends for you to attend her in confinement. Just that sort of thing is happening every day, here or there. Plenty of women date their "start" from the appearance of the morning sickness, and date it correctly. They never had the morning sickness before; and three out of four of them have n't any disease of the generative organs whatever. What is the legitimate deduction here? Simply this: the woman has become enceinte, and a *consequence*—not an invariable, but an often consequence—is that she begins to suffer from morning retchings.

To return to the purpose of the original paper. Its object was to controvert the fallacy involved, directly or by implication, in teaching that the vomiting of pregnancy was chiefly to be attributed to some disease of the organs of generation; and to measurably counteract the impression likely to obtain with students in medicine as an effect of that fallacious teaching, that all cases of pregnancy-vomiting, to the end of being successfully wrestled with, must be subjected to special gynecological treatment. Somewhere in my miscellaneous reading, since the paper of December 1st was written, I have noticed it stated in effect that it was likely to prove true that all cases of vomiting in pregnancy were the results of some uterine disease. The opinion thus expressed was doubtless based on the promulgation of the theories we have been calling in question. That view is erroneous; being erroneous, it should be corrected; and it is the more important that it be corrected because it emanates from "authorities." If it were from some ordinary person—perhaps our friend Dr. Hachenberg, or the still more ordinary individual, the writer hereof—the amount of mischief resulting would be comparatively infinitesimal, the source would not weight it with much influence; but when eminent men in the profession promulgate error, the resulting mischief may be incalculable. Thousands of ordinary practitioners throughout the country encounter less or more cases of pregnancy-vomiting in every year of their practice, and treat the larger share of them successfully by some simple medication. Were these cases dependent upon uterine leisons or abnormalities, such as the *authorities* have mentioned, the resulting stomach trouble would not succumb to that simple medication so often eminently satisfactory. RUFUS W. GRISWOLD.

ROCKY HILL, CONN.

Editors Louisville Medical News:

With your permission I report another remedy for rhus-poisoning. I allude to chloroform applied locally with palm of the hand or a piece of brown paper. Rhus-poisoning is very common here, and until eighteen months ago I continued to try the numerous remedies to be found in text-books with little satisfaction to either myself or patient, but since that time I have never used any thing but chloroform, and have always found one or two applications entirely sufficient to relieve the itching and destroy the poison if applied in the first stage. S. T. TURNER.

DEPORT, LAMAR COUNTY, TEXAS.

Selections.

ON THE TREATMENT OF HAY FEVER AND ALLIED DISORDERS.—In a very valuable paper on this subject in the American Journal of the Medical Sciences for January, 1884, Dr. Harrison Allen claims that the means of effecting the cure of this hitherto considered incurable disease is simply to overcome the tendency to obstruction in the nasal chambers.

The symptoms of hay fever are always associated with some degree of obstruction of one or both nasal chambers. A cause of this obstruction is dilatation of the blood-vessels. There is no doubt that the local phenomena are in most instances the same, and that the multiform related symptoms, such as injection of the eye, headache, malaise, asthma, etc., are due to reflex vaso-motor disturbances. But many patients report for treatment who exhibit swelling of the nasal mucous membrane, occlusion of the respiratory passages, and mucoid or semi-purulent discharge, without any of the related reflex phenomena. Yet a third and intermediate group exhibit perhaps a tendency to turgescence of the mucous membrane, together with one or more of the

more common constitutional symptoms of typical hay fever. Indeed, there is nothing peculiar to the disease just named save its sharply defined periodicity, particularly in that phase of it where the periods of recurrence happen to coincide with the time of fruitage of certain plants, or the gathering of certain crops. In a small group of cases, where, in addition, other signs and symptoms become prominent which would invalidate the above proposition, Dr. Allen is inclined to attribute them to mental impression—in some of the varied phases of hysterical or neurotic excitement.

Or the case may be stated in different language, as follows: In an imperfectly defined group of cases of nasal catarrh, a sensation of sudden obstruction of one or both nasal chambers is a conspicuous symptom. This sensation is accompanied by a constant change in the chambers themselves, viz., engorgement of the membranes over the turbinated bones, producing pressure against the septum and occlusion of the respiratory passages of the nose. The sensations are recurrent, but vary greatly as to the time of the day or the season of their return. With some patients they are nocturnal, and are associated with the recumbent position; with others they occur after meals only; with some they occur in the summer season; with others, yet again, in the winter. The sensations may be confined to either chamber, or be present in both. In aggravated cases they are associated with numerous reflex symptoms, among which may be mentioned lachrymation and hyperesthesia of the conjunctiva, headache, and asthma. Patients having a disposition to obstruction during the summer and autumn report themselves as suffering from "hay fever;" while those having alternating attacks in the right and left chambers report with "nasal catarrh."

The cases so far studied exhibit one feature in common, viz., that the inferior turbinated bones lie well above the plane of the floor of the nasal vestibule. In many persons, not the subjects of "hay fever" and allied disorders, the lower free portion, including, of course, the inferior border of the bone, lies below the plane of the floor of the nasal vestibule; and in ordinary inspection the inferior meatus is out of sight. It will thus be seen that the mucous membrane, which is known to be the most erectile, is also the most exposed to irritation from extraneous substances, and to changes in the temperature of the surrounding air.

The conclusions to be drawn from the study of the six cases reported by Dr. Allen may be summarized briefly as follows:

1. That the treatment of all conditions of obstruction in the nasal chambers, no matter from what cause arising, can be successfully carried out by destroying the causes of obstruction. If the cause be an overgrowth of bone tissue, it must be filed, sawed, or drilled away. If it be caused by a deviated cartilaginous portion of the septum, such portion must be re-set in a new place. If, as is often the case, it is due to periodic turgescence of the mucous membrane or the resulting secondary hypertrophies, such growths must be destroyed, either by the galvano-cautery, by the snare, or by caustic acids.

2. That the treatment of hay fever and allied periodically recurring nasal affections in no way differs from the treatment of other nasal diseases accompanied by obstruction, and that the treatment may be conducted during an attack as well as in the intervals between any two attacks.

Two Fatal Cases of Diabetes Mellitus in Children.—Leonard Weber, M.D., of New York, says: Diabetes mellitus is not often met with in infantile life. The following cases, interesting also from an etiological point of view, deserve to be placed on record:

Louisa W., seven years old, comparatively well-developed, with no hereditary taint, as far as could be ascertained, but of nervous temperament, was ordered to take of a mixture, containing one dram of bromide of potassium to seven ounces of water, a tablespoonful every two hours. Through some mistake one ounce of the salt instead of one dram was put in the above quantity of water, and the child took the whole of it in the course of two days.

She got over the acute symptoms of bromism, but, about a month later, her parents noticed that she was unusually thirsty and passed large quantities of urine.

When I saw patient first, three months after the overdose of bromide of potassium, she presented all the clinical symptoms of diabetes mellitus, the urine showing a specific gravity of 1.030, and containing sugar. She voided about a gallon per day. In the course of the next three months she grew quite thin and pale, the diuresis increased to six quarts daily, and albumen began to appear in the urine, its specific

gravity remaining about the same. Sugar and albumen continued to be present together up to the time of the patient's death, which occurred twelve months after the poisoning.

Autopsy: Body emaciated; abdomen moderately tympanitic. Thorax: In the right pleural cavity about two ounces of bloody serum, no adhesions; right lung normal, except some hypostasis in lower lobe posteriorly; some serous exudation in left pleural cavity, adhesions between pulmonal and diaphragmal pleura and upper and lower lobes; edema of pulmonary tissue; two enlarged and calcified bronchial glands. Heart: Left ventricle hypertrophied; fibrinous clot in right chamber; valves normal. Abdomen: Liver almost double the normal size; its peritoneal surface smooth, yellowish-red, and moderately injected; parenchyma in a state of fatty degeneration. Ileum tympanitic, hyperemic; the colon normal. Bladder large; its walls thin. Left kidney a little larger than normal, with hard cicatricial retractions in its upper and lower circumference; the cortical substance of yellowish color, and in several places greatly reduced in diameter. The pelvis considerably widened, with cystoid enlargement of its upper portions. Right kidney reduced to the size of a large chestnut, with many cicatricial retractions. There is but a very thin layer of cortical substance left, and that in an advanced state of degeneration.

Clara P., fourteen years old, an intelligent and physically well-developed girl, with no hereditary taint, had scarlatina simplex when five years old. She was again taken with the disease when thirteen and one half years old. The case was well marked, accompanied by high fever, but otherwise uncomplicated, until the third week, when she had a mild attack of nephritis, which yielded to diaphoretic treatment. Two months later I was informed that Clara was not doing well. I found her afflicted with a grave form of diabetes mellitus. Her urine had a specific gravity from 1.035 to 1.038, and was passed in abundant quantities. The disease ran a very acute course, unaffected by any treatment; the patient became rapidly emaciated, developed the clinical signs of phthisis pulmonalis later on, and died completely exhausted, six months after the attack of scarlatina.—*American Journal of Obstetrics.*

On Death by Cold.—Dieberg has formulated some valuable conclusions on this subject as the result of his observations on the bodies of thirty-one persons who died by exposure to cold. He found in all these cases that the heart in all its cavities was distended with blood of a fluid consistency and deep color, with an occasional soft clot. He determined the relative fullness of the heart by weight, and shows that although many of the victims of frost may be supposed to have been intoxicated when they became chilled, alcohol was not the cause of the death, because in cases of fatal alcoholism alone, without the intervention of cold, he found the weight of the blood contained in the heart to be nearly four times less than in the others.

In explanation of the cause or manner of death in these instances the author states that under the effect of cold the tissues and the vessels undergo a contraction which is in proportion to the temperature depression; that the more superficial and thus the more exposed the vessels are the greater also will be their contraction; that according as the exposure to the cold is prolonged the contraction will progress from the periphery to the center; that the heart will be able to send only a limited amount of blood forward into the vessels, the latter being unable to receive the normal supply; that, the lungs continuing their functions, still further supplies of blood are forced in upon the heart, and finally the arrest of that organ is effected, and death by syncope results.

This theory is in accord with facts observed by persons who have survived exposure to a very low temperature. In the report of his voyage to the North Pole Wrangel relates that when the thermometer on one day registered—53° C. every one suffered from headache, tinnitus aurium, subjective optic symptoms, and especially an extremely violent sense of weight and discomfort, indications apparently of circulatory disturbances.

Dieberg believes that death by cold is really due to syncope rather than, as Lesser and Hofmann have held, to asphyxia. In asphyxia one finds at the autopsy dark fluid blood, engorgement of the large veins and the right side of the heart, hyperemia of the lungs and other organs, punctate hemorrhages in the serous and mucous membranes. But in death by cold the blood is not always or wholly fluid; it contains clots, especially in the heart. Moreover, its color, instead of being very dark as in asphyxia, is of a brighter hue. Distension

of the large veins is not observed, and in the heart the blood is equally distributed in the cavities, and is not found in relatively increased amount in the right side.

The author summarizes his conclusions thus: If, he writes, on making an autopsy upon a frozen cadaver one finds no appreciable lesions to account for the death, but discovers the heart engorged with blood in all its parts, he may declare that the individual was exposed to cold while still living, and that the cold was the cause of the death. If, on the other hand, the heart is empty of blood, the examiner may conclude that the person was already dead when exposed to the cold, and that another cause of death must be sought for.—*Boston Medical and Surgical Journal.*

A Case of Supposed Dislocation of the Tendon of the Long Head of the Biceps Muscle.—In the American Journal of the Medical Sciences for January, 1884, Dr. J. William White records a case of this very rare form of luxation, and reviews the history of the few other cases in which this accident is supposed to have occurred. He finds that the recorded evidence of the occurrence of dislocation of the tendon of the long head of the biceps muscle may be divided into two general classes: (1) The reports of clinical cases in which certain symptoms were referred by the writers to this displacement, but in which its existence was not otherwise confirmed. (2) The reports of cases in which the tendon of the biceps was found luxated at an autopsy, or during a dissection, but in many of which no clinical history was obtainable. The study of the literature of the cases recorded leads to the conclusion that although for more than a hundred years cases of supposed luxation of the tendon of the long head of the biceps muscle have been reported or alluded to by surgical writers, yet they have been so poorly observed or so carelessly described, that they fail altogether to carry conviction, the one case (Soden's) which possesses any strong element of probability being itself open to reasonable doubt.

The symptoms in Dr. White's own case, which led him to the conviction that there had been true traumatic luxation of the bicipital tendon, may be enumerated as follows: (1) The recognition of the bicipital groove, empty, which, if its existence be admitted, is pathognomonic. (2) Recognition of the tendon itself. (3) The inward rotation of the arm. (4) A slight depression under the tip of the acromion, a prominence of the shoulder in front, and a flattening behind. (5) Diminution in the vertical circumference of the shoulder. (6) Shortening of the arm as measured from the tip of the acromion to the external condyle. (7) Elevation of shoulder, tilting up of acromion, and elongation and narrowing of axilla when the arm was carried upward. (8) The peculiar depression situated over the bicipital groove. (9) The line of ecchymosis following and strictly limited to the course of the biceps muscle. (10) A creak or "squeak," heard distinctly on carrying the elbow away from the side. (11) Flexion of the forearm on the arm was painful, the pain being sharp, lancinating, and felt at the front of the shoulder; flexion during supination was much more painful than flexion during pronation. (12) When extension of the forearm was attempted, a tense line along the edge of the biceps could be both felt and seen. (13) The pain felt over the joint was also felt along the line of the biceps as far as its insertion, and the patient still has a "drawing" sensation over that region. (14) The arm was preternaturally mobile for some time after the accident. (15) The position of the patient after the accident. (16) The character of the force producing the difficulty. The rationale of these symptoms is very fully explained.

Treatment of Hysteria.—In accordance with the view that hysteria is a psychical disease, Liebermeister (*Volkmann's Sammlung*), makes the following observations concerning its treatment, which we extract from a translation by A. F. C., in the American Journal of Obstetrics: The treatment must be, to a great extent, psychical, but this does not imply a disregard of other means, especially when there is evident disease of any of the organs or parts. The etymology of the word hysteria (ὑστέρα, the uterus) of course, implies disease of a particular organ, but it is often the case that no disease of the uterus can be made out. On the other hand, hysteria may be cured, and yet disease of the uterus or the other genital organs remain. Castration, and removal of the clitoris, are quite disapproved of by the author, when they are to be performed in order to cure hysteria; and rather faint praise is given to other gynecological treatment for this purpose. As the general condition of the patient improves, the hysteria is likely to improve also. Change of residence, certain water-cures,

baths, exercise, etc., are recommended, and directions are given which are suited to particular types of the disease. Among psychical instrumentalities, the author recommends the provocation of joy and hope. Hypnotism, which is advocated by some, is calculated, in the author's opinion, rather to excite than to cure hysteria. Inherited tendency and education are always to be regarded in a consideration of the prophylaxis of the disease, and if self-control and a sense of responsibility in regard to duties to be performed can be inculcated, the result will be a satisfactory one. The more striking phenomena will call for special treatment. If the attacks take the form of spasms, ecstacy, or somnambulism, consciousness will be only partially abolished, and in this fact will lie the differentiation from actual disease, though hysteria and the disease which it simulates may co-exist. For the treatment of such attacks, cold water poured over the surface of the body is recommended. The induction current is also a useful instrumentality. Aborting a first attack may also result in cutting short the disease, or, at least, in delaying it. Metallo-therapy has been tried by the author in the treatment of hysterical anesthesia, but its effect, if any, is thought to be only upon the imagination. One of the main elements in successful treatment consists in gaining the entire confidence of the patient, and another in causing her to abandon the habit of brooding over herself and her condition. Medication is usually superfluous.

Cholera in India.—The following deductions have been arrived at by Dr. C. Little, the Sanitary Commissioner of the Hyderabad Assigned Districts, after a careful review of the circumstances attending the prevalence of cholera there during 1882 and previous years: That, after one or more years of comparative immunity from cholera, a severe outbreak or new epidemic invasion of the disease occurs, and that, in cholera-years, the epidemic usually appears coincidently with the advent of the south-west monsoon, reaches its height in August, when the subsoil-water is at its highest, and dies out during the cold weather months, or before the setting in of the hot weather; that the invasion of one year becomes revitalized the year following, and then dies a natural death; or, in other words, that the lifetime of each new outbreak is two years. The first outbreaks are, he adds, invariably associated with filth, a damp subsoil, and a polluted water-supply, contaminated with animal excrement. Putting aside all theories as to the origin and propagation of cholera, it must be admitted, Dr. Little observes, in the light of these facts, that cleanliness, pure air, pure water, and good drainage, are the most likely preventives that can be employed against this terrible disease, which, once it has seized upon the human body, runs its own course, irrespective of any known remedy or reputed specific. No doubt, much may be done for a cholera patient by proper care and nursing, with all practical treatment for the relief of urgent symptoms; but, notwithstanding all the theoretical methods which have from time to time appeared, we are, Dr. Little thinks, as far as ever from possessing a specific cure for the disease.—*British Medical Journal.*

Anatomy, Physiology, and Pathology of the Os Uteri Internum.—Dr. Henry Bennet said (Obstetrical Society of London) that he had, in 1849, drawn attention to the existence of a muscular sphincter at the os uteri internum, and this, like all sphincters, was closed when at rest. This fact was accepted by many at the time, but now seemed to have passed out of mind. It had a most important bearing on uterine therapeutics. The ordinary physiological closed state of this sphincter offered resistance to the passage of the metallic sound; but a small wax bougie could be passed through it. By the use of such bougies he had, in 1846, discovered that the cavity of the uterus was not straight, but had an anterior concavity. This sphincter was no doubt greatly developed by pregnancy. It opened slightly before, during, and after menstruation, and probably during sexual congress. It was relaxed by disease, such as fibroids, chronic uterine inflammation, endometritis. The easy passage of the sound was therefore an indication of a morbid rather than of a healthy condition of the uterus. This fact had an important bearing on the theory and treatment of sterility. If a closed os uteri were presumed to be a morbid condition, then nearly all healthy young women who were examined would be erroneously considered to require surgical treatment.

Bromide of Ethyl in Obstetrics.—Mueller, of Berne (German Gynecological Society): Following in the wake of the

experiments repeatedly made of late (especially by Heckermann, of Berlin, fifty cases), the author has employed ethyl bromide in twenty-two cases of labor. The results were not as favorable as those obtained by H. The action is uncertain. He employed it thirteen times in the second stage. In five of these cases the labor-pains ceased altogether; in three, they ceased in part; in five, no effect was produced. The drug was used eight times during the whole course of labor: in two the effect was very good; in four the effect was temporary; in two the pains were obtunded only in the first stage. On the average, fifty to sixty grams of the drug were employed. During the narcosis the pupils dilated and the face became congested. Little effect was produced on the pulse and respiration. He believes that the retardation in the activity of the contractions is merely apparent. He has witnessed no post-partum hemorrhages and no mal-involution of the uterus.

Quite noteworthy is the fact that a very severe bronchitis set in during the puerperal state in two of the cases. The purity of the drug was established by chemical examination. Perhaps the quantity employed (eighty grams) was too large.—*Am. Jour. of Obstetrics.*

Proportions of the Sexes.—The new census-figures giving the relative proportions of the sexes are very striking. Out of a total population of twenty-six millions, females are in excess of males to the extent of nearly seven hundred thousand. Yet, at birth, the males are in a majority. Within a year, the balance turns the other way, and so continues until the period between ten and fifteen years of age, when the males are again the greater number. But the ascendency is only temporary; and, in the next five years, the strength of numbers is with the female sex, who retain this position until the close. In the advanced periods of life, the numerical superiority of the gentler sex is especially manifest. At the age of ninety-five and upward, we find the females more than twice as numerous as the males; while of the one hundred and forty-one persons who are recorded as having attained the age of one hundred and upward, ninety-seven, or sixty-eight per cent are females.—*British Medical Journal.*

Nervous Disturbances from Indigestion.—Professor Henoch, of Berlin, relates, in the *Wien. Med. Blätter*, some cases which occurred in his practice, in which various psychical and nervous symptoms resulted from indigestion. One little girl, three years of age, became aphasic suddenly, and when seen an hour afterward was not able to utter a word, except a cry on being pinched. Speech returned soon afterward, immediately on the child vomiting a cherry which had been swallowed without being chewed. One or two other similar cases, which he describes, have occurred; and the pulse is generally somewhat retarded, but is never irregular, as it is in commencing meningitis, for which this condition might be mistaken. In one case paralytic symptoms followed the disappearance of the psychical. An emetic seems to be the remedy indicated, as improvement always followed the emptying of the stomach.—*Medical Record.*

A Case of Ainhum.—In the American Journal of the Medical Sciences for January, 1884, Dr. L. A. Duhring reports a case of ainhum, of which but few have been reported in our country. Its geographical distribution includes chiefly the West Coast of Africa, and certain countries in South America, more particularly Bahia, Rio de Janeiro, and Buenos Ayres. As the disease becomes better known it will, doubtless, be found that it is met with throughout our Southern States, though, probably, as one of the rarer diseases. Appended to the paper is an exhaustive study of the microscopic appearances.

Deafness Caused by Pressure on the Ears.—Narrowing of the external auditory canal from cracks in the cartilaginous portion is a recognized cause of deafness, apart from the liability to which it gives rise of the retention and accumulation of cerumen. Dr. Moure has seen this narrowing caused by the pressure of a handkerchief worn over the head and tied closely under the chin, which forms the head-dress worn by the peasant women in some districts. Deafness produced in the same way is not uncommon in nuns who wear the *cornette* pressing tightly against the pavilion of the ear. The treatment of this condition consists in gradual dilatation by means of laminaria tents.—*Medical Record.*

The Action of Napelline in a Case of Facial Neuralgia.—Dr. Grognot, of Milly, relates the history of a patient, a young unmarried woman, who was in perfect health except for a severe form of neuralgia affect-

ing the first and second branches of the trigeminus. The pain was worse at about the menstrual period, although this function was performed normally. The pain was worse on the right side, and there were painful points. She had taken various drugs, including "aconitine cristillisée," but without relief. Grognot prescribed napelline, in pills of one tenth of a milligram every two hours. The relief was very rapid and permanent.—*Bulletin General de Therapeutique.*

TRISMUS NASCENTIUM, OR THE LOCKJAW OF INFANTS, ITS HISTORY, CAUSE, PREVENTION, AND CURE.—In an elaborate paper on this subject in the American Journal of the Medical Sciences for January, 1884, Dr. J. F. Hartigan supports the theory advanced by the late Dr. Marion Sims, that the symptoms are due to the effects of mechanical pressure on the brain by displacement of the occipital or parietal bones as the result generally of decubitus, and that they may be relieved simply by rectifying this abnormal displacement, often by change of position in lying alone.

HOUR-GLASS CONTRACTION OF STOMACH. CONGENITAL.—J. H. Musser, M. D., said to the Philadelphia Pathological Society: The patient, an adult, from whom I removed this stomach, died of organic heart-disease. Constant vomiting occurred a few months before death, but as a consequence of the general condition of the patient, and not on account of the gastric change. I call the appearance congenital because of the absence in the clinical history of any occurrence throughout life to have caused it, and of the want of evidence on post-mortem inspection. The contraction took place in the center, and was transverse. The peritoneum and submucous connective tissue were thickened at this point. Anterior to the constriction the muscular coating was hypertrophied. The mucous membrane was thrown into folds by the constriction.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U.S.A., from January 19, 1884, to January 26, 1884. No changes.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, October 1, 1883, to December 31, 1883.

Bailhache, P. H., Surgeon, relieved from duty at Cape Charles Quarantine Station, October 13, 1883. Detailed as member of Board to examine candidate for promotion October 30, 1883. Granted leave of absence for thirty days, November 27, 1883. *Hutton, W. H. H.*, Surgeon, granted leave of absence for twenty days, October 1, 1883. *Wyman, Walter*, Surgeon, detailed as member of Board, to examine candidate for promotion, October 30, 1883. To proceed to Norfolk, Va., to investigate the conduct of the service at that port, December 31, 1883. *Long, W. H.*, Surgeon, leave of absence extended ten days, October 26, 1883. *Murray, R. D.*, Surgeon, to proceed to Ship Island Quarantine Station, October 17, 1883. To inspect sites for quarantine stations, November 30, 1883. Granted leave of absence for twenty days, December 18, 1883. *Smith, Henry*, Surgeon, granted leave of absence for twenty-five days on account of sickness, October 13, 1883. Relieved from duty at Norfolk, Va., October 17, 1883. To report to Surgeon Sawtelle, at New York for temporary duty, November 27, 1883. Relieved from temporary duty at New York, and placed on waiting orders, December 31, 1883. *Fisher, J. C.*, Passed Assistant Surgeon. When relieved by Assistant Surgeon Banks, to proceed to New York for duty, October 29, 1883. Granted leave of absence for thirty days, November 28, 1883. *Goldsborough, C. B.*, Passed Assistant Surgeon, granted leaves of absence for thirty-two days on account of sickness, October 12, October 20, and November 1, 1883. *Irwin, Fairfax*, Passed Assistant Surgeon, to proceed to Norfolk, Va., and assume charge of the service, relieving Assistant Surgeon Glennan, October 16, 1883. *Mead, F. W.*, Passed Assistant Surgeon, to proceed to Portland, Oregon, inspect the service, and report the condition of Assistant Surgeon Devan, December 5, 1883. To return to station, Port Townsend, W. T., December 18, 1883. *Cooke, H. P.*, Passed Assistant Surgeon, to proceed to Charleston, S. C. for duty, November 27, 1883. *Banks, C. E.*, Assistant Surgeon, detailed for temporary duty at Georgetown, D. C., October 11, 1883. Granted leave of absence for thirty days, October 12, 1883. *Bennett, P. H.*, Assistant Surgeon, placed on waiting orders, December 15, 1883. Granted leave of absence for thirty days, December 22, 1883. Upon expiration of leave of absence to proceed to Detroit, Mich., for duty, December 29, 1883. *Peckham, C. T.*, Assistant Surgeon, to proceed to Wilmington, N. C., and assume charge of the service, relieving Passed Assistant Surgeon Irwin, October 16, 1883. *Devan, S. C.*, Assistant Surgeon, granted leaves of absence for ninety-five days, on account of injury and sickness resulting therefrom, November 15, December 5, and 22, 1883. *Bevan, A. D.*, Assistant Surgeon, to proceed to Portland, Oregon, and assume charge of the service, December 29, 1883. *Glennan, A. H.*, Assistant Surgeon, to proceed to New Orleans, La., for duty, October 17, 1883. *Wasdin, Eugene*, Assistant Surgeon, to proceed to Mobile, Ala., for temporary duty, October 11, 1883. To proceed to Galveston, Texas, for temporary duty, November 17, 1883.

PROMOTIONS.—*Benson, J. A.*, Passed Assistant Surgeon, promoted and appointed Passed Assistant Surgeon by the Secretary of the Treasury, from October 1, 1883, October 4, 1883. *Banks, C. E.*, Passed Assistant Surgeon, promoted and appointed Passed Assistant Surgeon by the Secretary of the Treasury, from November 1, 1883, November 6, 1883.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, FEBRUARY 9, 1884.

Original.

EYE, EAR, AND THROAT.

BY W. CHEATHAM, M.D.

Lecturer on Diseases of Eye, Ear, and Throat, University of Louisville.

Acute diseases of the eye, ear, and throat being quite prevalent at this time, I have thought it well to give what has been in my experience the most satisfactory manner of managing them, through a report of a few illustrative cases.

On Christmas day I was called to see W. W., a banker, who had been suffering intensely for four hours with an earache. I found him almost in convulsions, rolling from one side of the bed to the other, while he tried to hold a poultice to the aching organ. The skin was hot and dry; temperature 103°. He had recently complained of a slight sore throat. On examining him I found an old granular pharyngitis, with an acute exacerbation. On looking into the ear I saw that the usual landmarks were obliterated by an acutely inflamed, bulging drum-head. There was no difficulty in diagnosing fluid in middle ear.

I advised a free incision of the drum-head to liberate this confined fluid, which was readily acceded to, as the patient was in no condition to argue the point. A medium-sized speculum was introduced, and with a small-bladed, long-shanked knife an incision was made which measured the full width of the drum-head vertically. Considerable blood and muco-pus escaped. The ear was now thoroughly cleansed with a gentle stream of quite warm water from a fountain syringe. In half an hour after I entered the house the patient was free from pain. I ordered morphine powders, one fourth grain each, to be taken during the night if necessary. He passed a comfortable night without the opiate.

The following morning I found him quite easy. His temperature and skin were normal, and there was a slight discharge through the incision I had made. I ordered the douche to be continued, and gave him a powder of calomel and sodium bi-carbonate for an existing constipation.

The next day, the second after I first saw him, he called at my office, and though on examination the drum-head was found to be somewhat congested, the incision had healed. His hearing is still somewhat impaired.

The patient is now under treatment for the chronic pharyngitis and slightly remaining deafness. The result in this instance is not a rare one, but such as we obtain in a majority of similar cases when we are able to put them under treatment at the proper time.

On January 7th I was called hurriedly to see R. B. B., a commercial traveler, who, to use his own words, was "having a picnic" with an earache. He complained of great pain in the right ear, the area of pain extending over to the corresponding side of head. He had been suffering for several days, and had tried the usual remedies, such as laudanum dropped into the ear, poultices, etc., without relief. He had considerable fever and great thirst. A short time before I arrived he had taken some morphine, but without effect. On examination, I found some congestion of the pharynx and naso-pharynx. The drum-head was intensely congested, but there was no bulging. It being inconvenient to use leeches, I ordered the hot-water douche to be repeated often during the day, promising to call again in the afternoon.

Before I could make my afternoon call I was telephoned to call again and in a hurry. I was not able to see him, however, until

two hours after the summons, when I found him in an agony of suffering. His symptoms were exactly like those reported in the previous case. Similar steps were pursued with similar results.

The patient took an opiate after the operation, without producing sleep, but was free from pain during the night. On the following morning I found him still comfortable, with the inflammation greatly reduced. I continued the douche. An early recovery may be looked for.

Helen B., aged 11; has had several times what her family called abscesses of the head. The night before I saw her had been passed in great pain. Neither poultices nor the usual ear drops gave any relief. I found her extremely nervous, and crying, "My ear! O, my ear!" Examination revealed perforation of drum membrane, with great congestion of the middle-ear lining. There was no discharge. After considerable persuasion she submitted to the hot-water douche, which almost instantly relieved the pain. I ordered it repeated before bedtime, and again in the morning.

On my morning visit I found that she had slept all night long, and that there was quite a free discharge from the middle ear. She is to report to the office for further treatment. This treatment is to be directed to the throat, to prevent a recurrence of the acute inflammation.

Nellie and Lulie B., sisters, reported at my office two or three weeks ago, with acute catarrhal conjunctivitis. One week later, Nellie, who had just returned from the East, called, having the same disease. The symptoms were great congestion of both ocular and palpebral conjunctivæ, with some discharge of muco-pus and excessive lachrymation. The patients complained of the usual rough, sandy feeling, and a burning sensation about the lids.

In such cases it is dangerous to begin the use of astringents too early, since this method of treatment may change the disease into phlyctenula, or herpes of the conjunctiva or cornea. The first indication is to put the eye at rest by means of some mydriatic. Atropia sulph. was used in these cases for one week, when an application of alum was made to the lids. The eyes were in the mean time bathed often with cold or warm water, either, as the patients might choose. Quinine and calomel were given internally.

These cases went on rapidly to recovery. The points to be especially noted in the management of cases like the above are the happy results obtained from the prompt and continued use of the mydriatic, and the dangers of the too early use of astringents.

Mrs. W., new year's day, was suddenly seized with difficult breathing, complicated with loss of voice; the breathing was for some time very difficult, and her efforts when trying to take a full inspiration were distressing to the beholder.

The laryngoscope showed great engorgement of the mucous lining of the larynx and congestion of the vocal chords. I ordered the immediate use of steam inhalations, containing compound tincture of benzoin and turpentine; two teaspoonfuls of the former and one of the latter, in a pint of boiling water. Almost the first inhalation gave relief. The steam with the benzoin and turpentine was continued for four days, with a gradual discontinuance, until the patient was nearly well. She is now using the benzoic acid lozenges, with good results. Calomel and soda were also given in this case.

R. G., a schoolboy, came to my office in November last, complaining of nasal obstruction, with a very acrid discharge from the nose. I found the lining of the nose very much swollen, and covered with a membrane similar to that produced on the palpebral conjunctiva by the use of jequirity bean. The latter is said to be croupous in character. By spraying the nose with Dobell's solution, this membrane could be removed, by means of cotton on a holder, in quite large pieces. After trying for several days different applications with no effect, I continued the Dobell's solution, and after thorough cleansing insufflated a powder of boracic acid and bismuth subnit. equal parts. The result was most satisfactory. In a week or ten days the little fellow was discharged with all the more prominent symptoms of his case relieved.

Although I have recently several times called the attention of the profession to the ill effects of poultices applied to diseased eyes and ears, and to the beneficent results reached by the management of such cases under the course of treatment as referred to in this clinical report, I feel that, in again calling attention to these points, no apology is needed. The several cases mentioned in this report are of especial interest, in that they are types of affections which at this season of the year are of almost daily occurrence in the practice of the busy physician.

LOUISVILLE, KY.

Miscellany.

CHOOSING ONE'S FATHER.—Dr. Alexander Harvey, in the Medical Times, says:

I. Choosing one or other of two possible fathers; and being allowed by law the choice of either.

II. Choosing two fathers; and being by law allowed the choice of both.

Strange, nay, absurd these two headings may seem. On reading, however, the details which follow it will be seen, it is hoped, that there is substantial warrant for them—for the designations given to the cases about to be brought into view—the one a hypothetical yet a possible case; the other, one of actual occurrence.

I. Choosing one or other of two possible fathers.

A man dies—is cut off suddenly in the prime of life and in the full vigor of his powers. He leaves a young widow who has borne him two or more children, the younger or youngest being, say, sixteen months old. Losing no time in unavailing regrets, this young widow straightway marries another man—marries him, we will suppose, within two days after the death of her former husband. By-and-by she bears a child; and this child is born within such time as that by the laws of nature it may be the offspring of either husband. She may herself be unable to *say* which of the two is its father—quite unable to *conjecture* even which is the father. Physiologically, it may be impossible to determine the question. On the side of the child, there may be nothing in the way of resemblance to either husband to indicate that it was begotten by the one rather than by the other. Moreover, the circumstance of its having the features, or some of the features of the first husband would not, we know, be decisive as to the paternity.

As to this, it is now known, and indeed it is an accepted fact in physiology, that, by reason of the very intimate, albeit indirect vascular connection which obtains between the child while in the womb and its mother, and of the interchange of materials, effete as well as nutrient, continually taking place between the two through that medium, the infant may impregnate or inoculate the mother with the peculiarities, normal and abnormal, of its father. And thus it may happen, and often does happen, that in the case of a woman twice married and fruitful by both husbands, the children of the *second* marriage may, in not a few particulars as regards both physical conformation and mental capacity and disposition, resemble the mother's *first* husband, and bear unequivocal traces of him. Many examples of this general fact are now on record. Let one suffice: One day a young woman residing in Edinburgh called on the late Sir James Y. Simpson in order professionally to consult him. He had never seen her before. Much struck he was, and not a little perplexed, at seeing in her very marked traces of the negro. On inquiry made of her, Sir James learned that her parents were both of them white people—Scotch, in fact—but that her mother, now respectably married to a butcher in Edinburgh, who was her father, had the misfortune while yet unmarried and a servant in a gentleman's family to be seduced by a negro, then also a servant in that family, and to have had a child by him, a mulatto.

This case is adduced simply in illustration of the agency of the child while *in utero* on the subsequent reproductive powers of its mother, and of the influence which that child may thus exert on the children its mother may afterward bear to a second husband. Beyond this, the case cited has no bearing on the question at issue. If taken, indeed, as bearing on a question of this sort, it would be decisive of the paternity. If, in the case of this young woman, there had been a question whether she were the offspring of a black or a white father, the circumstance of her not being a mulatto, but having traces only (however well marked) of negro blood, would make it clear that she was the issue of the white.

To revert now to the hypothetical case in hand, and assuming that there are no grounds of any kind, physiological, domestic, or circumstantial, for determining the real paternity of the child thus born into the world, Blackstone rules, that "it is more than ordinarily legitimate," and that on coming to the years of discretion it may choose which of the fathers it pleases. How important to it this question of choice might be one may readily imagine.

Whether, in a case otherwise so insoluble, if legally brought in question, and especially if involving the succession to a peerage or to some thousands of broad acres, our lawyers would be content to solve it by a rule as simple as that indicated by Blackstone may well be doubted.

II. Choosing two fathers; and being allowed by law the free choice, not of either but of both.

Some seven-and-twenty years ago, or thereabout, a case was before the courts at Westminster, and was eventually carried to the House of Lords, which very fairly warrants this other heading. A gentleman, who believed himself childless, and had no relatives he knew of or cared for, bequeathed a sum of over one hundred thousand pounds to the town he was born in to found an institution of art, science, and literature.

The will, however, was not allowed to go unchallenged. A female who had always been regarded, and had regarded herself, as the child of her mother's second husband, now stepped into court and affirmed that she was the lawful child of her mother's first husband. The testator was this first husband. He had been married to the claimant's mother; but just after, or shortly after or before the claimant's birth, he had been divorced from her—divorced in due form, yet not with all the requisite legal formalities.

This defect, or something arising out of it, was, I believe, what gave the claimant a *locus standi* in disputing the will. It was, as I have said, because the testator believed himself childless and heirless that he devised his estate in the way he did; and, peradventure, the expression in his will of that belief as a guiding motive with him in the disposing of his estate may, for aught I know or can now remember, have given strength to her position. Be this as it might—apart from her—the testator had no relatives that he knew of; and had he died intestate the Crown was understood to be *ultimus hæres*. As such it watched the case in its progress through the several courts into which from time to time it passed. As we have seen, the claimant had never before considered herself the testator's child, neither had her mother nor any one else; and, on the presumption of her being the issue of her mother's second husband, she had already inherited an ample fortune. I have no recollection now of the pleadings in the several courts, or of the decisions pronounced; it will suffice to state that the case passed on to the House of Lords, and that on behalf of the party intended by the will to be benefited, the services of the late Lord Westbury—then Attorney-General—were secured, with a retaining fee of eight hundred guineas.

Fortunately, or unfortunately, on the eve of its being called in the House of Lords, the case was settled by compromise, without the question of paternity being there raised and determined. The town thought it better to get something rather than run the risk of losing all.

Thus possible is it in law, or by the favor of law, or at least with the concurrence of law, not only to choose one's own father, but to choose and be allowed two, and to derive very substantial benefit from both.

In choosing and being allowed the choice of *this* father, ought not the claimant to have been called on to renounce the other, and in doing so disgorge all that she got by him? Her not being required to do this fully justifies, I humbly think, the heading given to this singular case. Nay, ought she not, in honor and justice, to have herself arranged beforehand that in the event of her being allowed, whether formally or informally, to be the child of her mother's first husband, and as such to take out of his estate the amount she did, she would hand over to the heir or the heirs at law of her mother's second husband, whom once she considered her real father, what she derived from him?

THE STATE SANITARY COUNCIL.—The State Sanitary Council, under the auspices of the State Board of Health, will meet at Bardstown, Kentucky, on Wednesday and Thursday, March 26 and 27, 1884.

The object of the Council is to bring together representative men of the State of every profession, who are interested in sanitary reform, for a comparison of views and the discussion of methods relating to the prevention of diseases.

At each session there will be addresses or papers in a popular form on subjects of general interest in connection with the public health, each address or paper to be followed by a discussion of the subject treated.

Officers of the Convention: President, Dr. J. A. Dixon, Burksville; Vice-Presidents, Hon. Lud. McKay, Bardstown, Dr. J. F. McElroy, Bowling Green, Prof. Grinwell, Bardstown, A. R. Carothers, Esq., Bardstown, G. W. Spalding, Esq., Bardstown, William Samuels, Esq., Bardstown, William C. Hart, Esq., Bardstown, Dr. J. M. Harwood, Shelbyville, D. J. Wood, Esq., Bardstown, Dr. W. W. Cleaver, Lebanon; Secretary, Dr. J. N. McCormack, Bowling Green; Committee of Arrangements, Dr. Alexander Crawford, Bardstown, Dr. C. P. Mattingly, Bardstown, Dr. John Hickman, Bardstown; Committee from the State Board of Health, Dr. J. W. Holland, Louisville, Dr. Pinckney Thompson, Henderson.

Among the subjects which it is expected will be presented and discussed are the following:

Address of Welcome, by Dr. Alex. Crawford, Chairman Committee of Arrangements.

An address by the President of the Council, Dr. J. A. Dixon.

The Prevention of Contagious and Infectious Diseases.

Adulterations of Food and Medicines.

The Sanitary Problems of Bardstown.

The Relation of the Press to Sanitary Work.

The Relation of Teachers to Sanitary Work.

The Relation of Physicians to Sanitary Work.

The Physical Dangers of Alcoholic Beverages.

School Hygiene.

Ventilation.

Sewerage.

Disposal of the Dead.

It is expected that the papers presented will be original contributions, and that when read they will become the property of the Council.

You are invited to present a paper on any of the above, or some other sanitary subject, and if you will do so you are requested to notify the Secretary as early as possible, that you may be given a proper place on the programme, which will be issued before the time of meeting.

There will be a session the first day at 7.30 P.M., and on the second day at 10 A.M., 2.30 P.M., and 7.30 P.M.

The best possible arrangements will be made for reduced rates of travel on railroads.

Admission to all sessions of the Council will be free, and all persons who desire to live long and keep well, or to assist others in doing so, are cordially invited to attend.

For further information apply to the Committee of Arrangements, or address Dr. J. N. McCormack, Secretary, Bowling Green, Ky.

WHY PEOPLE TAKE MEDICINE. — Dr. Crofts, in the British Quarterly Review, explains this as follows: It is to be feared that, to most people, medicine is not an erudite science, or a learned art, but is little more than the commonplace administration of physic. They can not understand medicine without drugs, and its virtue and power are popularly measured by the violence of its operations. Its very name is, in ordinary parlance, synonymous with physic. Take away its pills and potions, and for them you take away its whole art and mystery. They do not believe in a scheme of treatment, however deep-laid and skillful, which does not include a certain statutory dosage; so that, as a rule, medical men are practically compelled to give their patients a visible object of faith in some form of physic, which may be at most designed to effect some very subordinate purpose. And it is remarkable how strongly, even among the educated classes, this feeling prevails. Cure by the administration of mixtures and boluses is so fixed and ancient a tradition that it is only very slowly that the world will give it up. The anxiety of the friends of the patient wants to do more than follow the simple directions of "nursing," which have been so carefully inculcated, and possess, apparently, so little remedial power. There is nothing of the unknown about them in which a fluttering hope of great advantage can nestle. Thus it is necessary to educate the world into a belief in medicine, apart from drugs, which finds its power of curing in adaptations of the common conditions of life and applications of physiological facts—a medicine which takes into its hands the whole life, and orders and fashions its every detail with scientific definiteness. It is found in every-day practice that this popular misunderstanding of the modern spirit of medicine constantly checks the little tentative advances of a more scientific treatment, and it is necessary that it should be generally understood how powerfully the various processes of the economy may be effected by the manipulation of the condition of common life.

CELERY CHEMIN.—The London Garden says of it: Curiously enough, although this celery was raised in 1875, it seems not to have been heard of, until quite recently, outside of the market-gardens and markets of Paris. The leaf-stalks are naturally white and tender; so that no earthing-up is required in raising it. It can therefore be raised almost as cheaply as cabbages. The raiser simply contented himself with growing it largely himself, and distributing it among neighbors; but so quickly did the Paris market-gardeners recognize its merit, that, at the present time, scarcely any other kind is brought to market. We may therefore safely assume that the merits of this celery have been thoroughly proved, for Paris market-growers, like their English brethren, are slow to welcome novelties, and never grow any

thing largely until they have abundant proof of its worth. The quality of this celery is said to be first rate, being tender and of fine appearance. It is also a vigorous grower, and rather early. M. Chemin lately exhibited it at a meeting of the French National Horticultural Society, where it obtained a first-class certificate.

The Pulse of Animals.—The health of animals, as well as that of human beings, may often be guessed at very shrewdly by simply feeling their pulse. (Popular Science News.) In a horse, a good and strong but quiet pulse beats forty times a minute; in an ox, fifty to fifty-five; in sheep and pigs, not less than seventy, nor more than eighty, for ordinary health. It may be felt wherever a large artery crosses a bone. In the horse it is generally felt on the cord which crosses over the bone of the lower jaw, in front of its curved position, or in the bony ridge above the eye; and in cattle, over the middle of the first rib. In sheep it is, perhaps, easiest to place the hand on the left side, where the beating of the heart may be felt. A rapid, hard, and full pulse in stock points to inflammation and high fever; a rapid, small, and weak pulse, also to fever, but to fever accompanied by a poor and weak state of the subject. A very slow pulse in stock will often be found to indicate brain-disease, while a jumping and irregular pulse shows something wrong with the heart.

The Beautiful Snow.—A Swiss scientist, Floegel, is said to have found, in examining the residue from the evaporation of freshly-fallen snow, living infusoria and algæ, bacilli and micrococci, mites, diatoms, spores of fungi (in immense numbers), also fibers of wood, mouse-hairs, pieces of butterfly-wings, skin of the larvæ of insects, cotton-fibers, pieces of grass, epidermis, pollen-grains, rye and potato flour, grains of quartz, minute pieces of roofing-tiles, with bits of iron and coal. Still poets continue to use snow as a symbol of absolute purity.—*Popular Science News.*

Specialism.—The Medical Record says the general practitioner will learn in time a few things which he does not seem to be able to comprehend now. One of them is that two thirds, perhaps, of the professional work done by specialists could just as well be done by general practitioners, if they would have the patience and foresight to equip themselves for it. We mean, for example, that by diligent application for a short time, with good clinical advantages, they could learn to treat with a specialist's skill the ordinary run of diseases of the throat, skin, eye, nose, uterus, etc.

Compressed Tablets for Preparing Fehling's Solution.—We are in receipt of a sample box of the above from John Wyeth & Brother, of Philadelphia. By this method of preparing and keeping the chemicals necessary for the making of Fehling's solution, a vexed question in clinical chemistry is settled, and the best of tests for sugar in the urine is made practical and easy. The contents of the box are caustic sodium in stick sufficient to make fifty minims of the alkaline solution required by the test, two bottles, one containing potassium tartrate and the other cupric sulphate in the form of compressed tablets, and a dropping tube.

Two minims of the caustic solution with twelve minims of water, in which are dissolved by the aid of heat a tablet of potassium tartrate and one of cupric sulphate, put the test in readiness. It may be used for quantitative as well as qualitative testing, can be prepared in a few minutes, will keep indefinitely, and may be carried in the medicine-case without annoyance.

Crystalline Oxygen and Liquid Nitrogen.—From a report of a communication made by M. Debray to the Académie des Sciences, it seems that oxygen has been liquefied by being submitted to great pressure, and that when this pressure is suddenly withdrawn the lowering of temperature is so great that crystals of oxygen appear in the liquid mass, and the nitrogen in contact with the oxygen assumes the liquid state.—*Lancet.*

Nephrectomy.—Dr. William MacEwen, of Glasgow, says the British Medical Journal, removed the right kidney of a lad, aged eleven years, at the Royal Infirmary, on the 24th ult. The case was one of renal calculi and a large lumbar abscess. The patient has made excellent progress since the operation, and is now practically well.

Bermingham & Co., Medical Publishers, of 28 Union Square, who made an assignment on the 19th instant, have resumed business, the temporary embarrassment which caused the assignment having been removed, and the assignee having re-assigned to said firm.

The Louisville Medical News.

Vol. XVII. SATURDAY, FEB. 9, 1884. No. 6

L. P. YANDELL, M.D., - - - - - - - }
H. A. COTTELL, M.D., - - - - - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

AN EPIDEMIC OF TRICHINOSIS.

The Lancet of January 12th, gives an account of a serious outbreak of trichinosis in the neighborhood of Halberstadt, Germany, from which it appears that one butcher was able by the distribution of the flesh of an infected pig, through the medium of a minced compound, to afflict trichinosis upon two hundred and fifty persons in the village of Emersleben, and forty-two in Deesdorf. Among the two hundred and fifty sufferers more than forty deaths occurred, and of the forty-two nine died. This to a man of ordinary ambition would have been a result sufficiently brilliant for one small transaction; but it appears that the unsold remains of the compound were further minced with fresh pork and made to reach eighty more ill-fated customers, who suffered from the parasite, but without fatal result. As might be expected, the people among whom the disease had way ate the pork either raw or but slightly cooked, a barbarous custom, which neither the warnings given by occasional outbreaks of this terrible disease among them, nor the remonstrances of the hygienist, can reform among the common people of Germany.

A surprising feature of this epidemic is that it brings to light a weakness in the administration of hygienic affairs which we should suppose was not possible in a country where the officials seem to live in dread of trichinosis from meat of foreign importation. Every town is provided with an inspector of foods; but, in one of the places afflicted by the outbreak, this important dignitary is a barber, while in the other the office is filled by a peasant. In a land where so much importance is attached to the revelations of the microscope, and where the common people are traditionally fond of raw meat, it is almost incredible that inspectors who in all probability do not know one end of the microscope from the other, should be appointed by the Government to do special sanitary work, while the conviction is forced upon us that hygienic economy may be here exhibited with possibly too much economy for the good of the people.

The report says, further, that the butcher and the inspector (the scientific barber) in the town where the epidemic was most marked both partook of the meat and were made by it seriously ill. That they were not both ticketed for a passage with the victims which their criminal ignorance consigned to the care of the pale boatman is but another instance of the injustice of fate.

From a report of the epidemic, prepared with great care, as a result of local inquiry, by Dr. Brouardel, and published in Paris, some advance in our knowledge of conditions which may reduce the vitality of the parasite and modify the disease engendered by it seems to have been gained. The points of especial interest made known by these researches are:

1. That trichinous meat is most potent for evil when consumed within twenty-four hours after the death of the infected animal. Among those who ate the meat thus early there was a mortality of thirty-three per cent, while the fatal results were less and less marked as the time between the killing of the pig and the eating of its meat was lengthened, "until, when the sixth day was reached, sickness alone, without a single death, supervened."

2. That while sex does not influence results, children resist the influence of the parasite much more effectively than do adults, old people suffering most of all.

While the second of Dr. Brouardel's conclusions is of much interest to the physician who may be called upon to prognose trichinosis, the first is more important, because far-reaching, in its hygienic bearings, and raises the question as to whether the curing of pork by salting and smoking does not reduce the danger of trichinous infection in the consumer of such meats to a point which is practically zero.

If such be the case, and the conclusion would seem to be borne out by the rare occurrence of the disease in this country, where cured pork is the kind most commonly eaten, and where among our German population much raw or under-done ham and bacon is consumed, then the prohibition laws against American pork in France and Germany are without reasonable grounds.

In the light of the recent epidemic it would seem that the authorities of the latter country, at least, might do their people a great service by turning the attention of their excellent scientific observers away from the American product, in which the occasional trichinæ there found have probably been rendered harmless by time, chloride of sodium, and creasote, to the fresh meats of their own land, where ignorant or unscrupulous butchers and incompetent inspectors may at any time suffer an epidemic, like that of Emersleben and Deesdorf, to do its fatal work among the common people, who, with senses indifferent to the savory qualities of well-cooked meats, devour raw pork in scorn of the trichina-spiralis, and without let or hindrance from competent sanitary authority.

There may be possibly a "mote in thy brother's eye," though the microscope of Prof. Virchow* has failed to find it; but "the beam in thine own eye" has waxed so gross that it may be seen by all the world, at all distances, without telescopes, microscopes, goggles, or other optical instruments of precision.

*An interview with Professor Virchow was announced by cable to the Herald, January 14th, in which it is stated that this eminent pathologist condemns as utterly illogical, unnecessary, and unjustifiable from sanitary reasons, the present prohibition against American pork in Germany and France. He further says that no cases of trichinæ in American pork have been proved to exist in Germany for ten years.—*N. Y. Medical Record*, Jan. 19, 1884.

Bibliography.

The Analectic, a monthly Perioscopic summary of the Progress of Medical Science. Edited by Walter S. Wells, M. D. Vol. 1, No. 1. Price, $2.50 per year. New York: G. P. Putnam's Sons.

As above indicated, this journal is made up entirely of extracts and abstracts from various home and foreign journals. The editor has arranged his articles so as to make them fall under a comprehensive classification adopted as a table of contents. This is a striking feature of the journal, and will be duly appreciated by the physician. The articles are brief, and show that much care, good judgment, and good sense have been exercised in their selection. The journal is a most interesting specimen of its kind, and we welcome it among our exchanges.

The Texas Courier-Record of Medicine. Edited by Drs. Daniel and Brooks, of Fort Worth. Subscription price, $2.00 per year.

This excellent new journal enters our exchange-list with our best wishes. Its original articles and selected matter are of the best character, and we judge from the tone of its editorials that the cause of medical reform will find in the new ally an able and arduous worker. Success to our Southern friend!

A Treatise on Pharmacy: designed as a Text-Book for the Student, and as a Guide for the Physician and Pharmacist, containing the officinal and many unofficinal formulas, and numerous examples of extemporaneous prescriptions. By Edward Parrish, late Professor of the Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy, Member of the Academy of Natural Sciences of Philadelphia, etc. Fifth edition. Enlarged and thoroughly revised. By Thos. S. Wiegand, graduate of the Philadelphia College of Pharmacy. With two hundred and fifty-six illustrations. Philadelphia: Henry C. Lea's Son & Co. 1884.

Closure of the Jaws and its Treatment. With the report of a case in which complete occlusion followed a gunshot wound of the left superior maxilla, received at two and a half years of age, and which was relieved eighteen years subsequently by operation, according to a new method. By J. Ewing Mears, M.D., Professor of Anatomy and Clinical Surgery in the Pennsylvania College of Dental Surgery, Demonstrator of Surgery in the Jefferson Medical Society. From Transactions of American Surgical Association. Vol. I. 1883. Philadelphia: Collins, Printer.

Ceremonies connected with the Inauguration of the Mausoleum, and the Unveiling of the Recumbent Figure of General Robert Edward Lee, at Washington and Lee University, Lexington, Va., June 28, 1883. Oration of John W. Daniel, LL.D. Historical Sketch of the Lee Memorial Association. Lynchburg, Va: J. P. Bell & Co., Printers. 1883.

The Field of Disease, a book of Preventive Medicine. By Benjamin Ward Richardson, M.D., LL.D., F. R. S., Fellow of the Royal College of Physicians and Honorary Physician to the Royal Literary Fund. Philadelphia: Henry C. Lea's Son & Co. 1884.

Fractures of the Neck of the Femur, with special reference to Bony Union after Intra-capsular Fracture. By N. Senn, M.D. Extract from Transactions of the American Surgical Association. Vol. I. 1883. Philadelphia: Collins, 705 Jayne Street.

Proceedings of the Nineteenth Session of the Southern Illinois Medical Association, held at Carbondale, Ills., on November 21 and 22, 1883. Reported Phonographically, by John B. Risson, M.D. Anna, Ills: "The Farmer and Fruit Grower" print. 1883.

School Hygiene. By Chas. J. Lundy, A.M., M.D., Professor of Diseases of the Eye, Ear, and Throat in the Michigan College of Medicine. Read before the Detroit American Health Association. 1883. Detroit: Chas. M. Rousseau, Printer.

Herbert Spencer on American Nervousness, a Scientific Coincidence. By George M. Beard, A.M., M.D. New York: G. P. Putnam's Sons, 27 and 29 West Twenty-Third Street. 1883.

The Physiology of Alcoholics. An Address. By William B. Carpenter, M.D., LL.D., F.R.S. New York: National Temperance Society and Publication House, 58 Reade Street. 1883.

Alchemical Notations. Compiled from a paper read by Prof. H. Carrington Bolton before the New York Academy of Sciences. New York: Waring & Williams, 72 William Street.

A Course of Three Lectures on Locomotor Ataxia. By Philip Zenner, M.D., of Cincinnati, Ohio. Reprint.

Naso-Pharyngeal and Aural Catarrh. By P. W. Logan, M.D., of Knoxville, Tenn.

Medical Societies.

NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, January 8, 1884. Dr. William J. Morton, President, in the chair.

NOTE ON THE USE OF THE MENTHOL CONE AS AN ANODYNE.—Dr. E. C. Wendt showed a little contrivance, called by the Germans "*Migräne Stift*," and explained the method of its application and uses. It consisted of a piece of menthol molded into a conical shape and secured in a little wooden box, closed by a cover to prevent evaporation, soiling, and breaking. It seemed to be very little known here, although it was much used abroad especially for a sick headache.

His attention had been first directed to the anodyne properties of menthol by a short notice in the Medical Record of April 28, 1883, by Dr. Cammann.

That gentleman had recommended an alcoholic solution of menthol (one dram to one half ounce alcohol) to be painted over the affected parts. Dr. Wendt had, since that time, often used this solution, and found it a rather reliable anodyne.

Its action is restricted to the slighter ailments, especially those of a neuralgic character. Since his acquaintance with the solid menthol-cone, Dr. Wendt had frequently substituted it for the solution formerly employed. He admitted that the only advantage of a solid cone or pencil over the solution was in the simplicity of its application, its ready portability, and the fact that its vapor was not apt to irritate the eyes in susceptible patients.

In this country menthol has not received the recognition from the profession which it deserved. Little seems to be known about it, and for this reason Dr. Wendt quoted a descriptive notice of the drug from the Midland Medical Miscellany, of October, 1883: "Menthol or Menthylic alcohol, $C_{10}H_{20}O$, is a crystalline substance, deposited from the oil of peppermint, prepared in China and Japan from *Mentha Arvensis var. piperascens* and *glabrata*."

It is a white crystalline stearoptene, melting when pure at 97° Fahrenheit, and is obtained by the Japanese by submitting the oil to freezing several times in succession until no more menthol crystallizes out.

It is also said to be contained in the American and English oils of peppermint, but probably in small quantities only. It is somewhat surprising that the Japanese peppermint plant, which is grown in England as a curiosity, has not been cultivated in that country as a source of the drug, the supply of menthol being uncertain, the demand great, and the price in consequence occasionally very high.

Menthol is said to be sometimes adulterated with crystals of Epsom-salt, to which it bears a great resemblance. This being insoluble in alcohol or chloroform, in which fluid menthol is freely soluble, can easily be detected. Samples of fine crystals sometimes contain some essential oil adhering to them, a fact which must be taken into consideration when the menthol is made into cones or pencils.

Menthol is but slightly soluble in water, although imparting a strong odor and taste to that liquid, and is insoluble in aqueous alkalies. It is soluble in fixed volatile oils.

Although Dr. Wendt's experience with menthol has not yet been great, it has nevertheless been sufficient to convince him of the utility of the drug in a large class of cases. Thus, as already stated, he has found it a pleasant and reliable anodyne in all the lesser neuralgias, and especially in those occurring about the face. But it is also serviceable in many painful affections due to inflammation. For example, in mumps, in the cervical adenitis so often accompanying sore throat, and in numerous other affections where pain is a prominent symptom menthol may be used to advantage. With regard to its topical action it is similar to that of aconite, over which it has the advantage of not being poisonous.

Dr. Wendt remembered one striking case of severe supraorbital neuralgia which resisted the oleate of aconitia, but was much benefited by menthol. In violent attacks he found it almost useless. In typical migraine, for instance, where the pain was at all severe, and in all deep-seated aches of more than very moderate intensity it had no appreciable effect, except perhaps the indirect psychical action of distracting the sufferer's attention.

In the discussion which followed, Dr. Roberts asked Dr. Wendt if he had tried the prolonged application of menthol.

Dr. Wendt said that he had in some cases of hemicrania, though without decided benefit. Nevertheless the patients had a pleasant sensation of coolness on the surface followed by an agreeable warmth.

Dr. Morton asked in what sense Dr. Wendt had used the word anodyne. The speaker answered, in the sense of affording relief from pain by blunting sensibility.

Dr. Morton thought that menthol probably acted more after the manner of a counter-irritant, by insuring relief in a reflex rather than in a directly local way. Mustard was a typical peripheral nerve-irritant, and it seemed to him that the action of menthol could be best explained on the same principle, of procuring peripheral nerve-impressions in a reflex way.

Dr. Morton said that his attention had been first called to the menthol-cone by Dr. Wendt, in whose office he chanced to be one day, when suffering from a headache. A few strokes of the menthol gave him at once a sense of relief. The peppermint was as gratefully cooling as the application of a cold metal. In brachial neuralgia, as well as in sciatica he had been pleased with the good effects of menthol. He thought that drug was deserving of further trial.

Correspondence.

[FROM OUR SPECIAL CORRESPONDENT.]

PARIS LETTER.

Editors Louisville Medical News:

Dr. Bonnafont, a retired medical officer, and who had been for many years inspector general of hospitals of the French army in Algeria, lately made a very interesting communication, at a meeting of the "Société Française d'Hygiène," on the part played by the roots of the eucalyptus in rendering malarious districts healthy. According to his opinion and the experience of the principal medical men of Algiers, this salutary

effect is brought about, not by the balsamic emanations of the tree, as has been for a long time supposed, but by the absorbing properties of the roots, which thus not only remove the damp, but purify the soil and water within their reach. It is true that the same may take place with other roots, but nothing to the extent effected by those of the eucalyptus, which, by their extreme length, reach to a much greater distance and depth than the roots of other trees even of equal height and size, thus acting like so many drains. For these reasons Dr. Bonnafont recommends the planting of the eucalyptus in every available space where the tree will grow, not only as an ornament, but for sanitary purposes.

The same author read a paper before the Academy of Sciences on cholera, and, as whatever can be said on the subject will always be of interest to the profession, I transcribe the conclusions deduced from his experience of the malady:

1. Cholera is of Indian origin, the same as the yellow fever of America, and the intermittent and pernicious fevers of Africa have been engendered in those countries respectively, and can not be acclimatized in other parts without the germs of the malady being conveyed by atmospheric currents or other vehicle, but more frequently by the atmosphere.

2. As with fevers, cholera, generated in an insanitary condition of the soil, will disappear whenever the decomposition of animal and vegetable matters is remedied or prevented.

3. The results may be obtained with all epidemics under the influence of the same principle, except the primitive special elements inherent to each country, as have been obtained with the yellow and intermittent fevers, by improving the condition of the soil, either by draining off the water or by having the soil constantly and completely immerged. All fermentation and zymotic evaporation of importance are thus rendered impossible.

4. Secondary epidemics may be produced in places already infected; but, unless in certain exceptional cases they will have only very rarely the character of the true algid cholera, and these epidemics will always go on diminishing in intensity until they are completely extinguished, provided the toxic element is not reinforced by a new invasion emanating from the seat of origin.

5. It is not by the dead bodies of animals abandoned by the pilgrims that incursions of this epidemic are caused, as the practice has existed from time immemorial among these people, and Asiatic cholera did not make its appearance in Europe, Africa, and America till the commencement of this century.

6. The cause of these incursions which have become so frequent and so deadly is elsewhere.

7. To combat this plague it is necessary to direct improvements toward the country from whence it arises, and to apply the remedies to the source itself where it is developed. These measures, if applied elsewhere, however completely and intelligently they may be done, will only be attended with more or less negative results. The measures that have been taken and which are still being taken reminded the author of the agriculturist who, to relieve his house of the shade caused by the trees with which it was surrounded, contented himself with simply lopping the branches from time to time instead of directly attacking the trees by their roots. If these improvements were effected in the cholera-generating countries, quarantines, which are of doubtful efficacy, but so necessary in a social point of view, would not be required.

8. As the English are in a great measure responsible for the insanitary condition of India, owing to their utter neglect of the proper drainage and irrigation of the country, so effectively carried out before their rule, it is incumbent on them to effect such improvements as may be necessary, and thus prevent the periodical outbreaks of cholera in that country, and its incursions in Europe.

Whether human longevity is really greater than it was in the times of yore, or whether it is that only the instances that occur from time to time are now brought more prominently to notice, I am not in a position to say; but one thing is certain, that within the last few years a great number of centenarians have been registered in the papers of this country and of other parts of the continent of Europe. I find by my notes that in France alone, and during the last twelve months, there have been several centenarians registered; but, as they were not all duly authenticated, I send you a list of only a few which are considered authentic, as you seem to be interested in such investigations. In March last the death of Madame Davoust, at Lisieux, was announced, at the age of 102 years. On the 9th of November last Madame Pidault died, at Mou-

lins-Engilbert, in the 118th year of her age. She was born on the 21st of April, 1766. Madame Fanny Meyer died at Toulouse at the age of 108. She was, within a few days of her death, in full possession of her mental faculties. Monsieur Crouzat died at Paris on the 23d of December, 1883, aged 103. He also preserved his mental faculties intact to the last. Another case of extraordinary longevity is given: Madame Pouchard, who was born at Lys on the 12th of December, 1763, is still alive and residing at Verneuil, in the Department of Oise. She is in consequence 120 years old, is still in the enjoyment of good health and all her mental faculties. She is, however, rather deaf. On the 14th instant, Monsieur Aron Lisbonne died at Carpentras, aged 106 years. He was born in 1778, of Jewish parents, and was the uncle on his father's side of Monsieur Lisbonne, former Deputy for the Department of the Hérault. He leaves a younger brother, 96 years of age, who is living at Nyons.

The following anecdote is related of a centenarian, which may be found interesting: A barrel of wine was sent to a gentleman living at Pougues, and when the porter reached his house he went straight up to a gentleman quite gray, standing in the courtyard, as he was apprised that the gentleman was advanced in years. The porter handed him a letter, which he directed him to take to another old gentleman standing hard by, who, to the party's great surprise, he said was his father, for whom the wine was intended. The gentleman first addressed was in March last 82 years old; he has a brother 75, and his father is 102 years of age—all three living together.

In the same month, that is, March last, Baron Cloquet, the eminent anatomist and surgeon, died at the age of ninety-four. There is now living another "savant" who has reached a green old age. I allude to Monsieur Chevreul, the illustrious chemist, who is now in his ninety-ninth year. He was for more than half a century director of the laboratory of the Gobelins Manufactory, from which he has just been obliged to retire. This uncalled for measure, which has grieved M. Chevreul profoundly, has caused no little disaffection among his friends and the public, and in order to afford him some consolation the Minister of Public Instruction has allowed him to retain the honorary appointment with the emoluments attached to it. The Municipal Council of Paris, however, wishing to repair the injury that has been done to the venerable savant, has given his name to a street in the capital of France.

Dr. Straus Agrégé, of the Paris Faculty of Medicine, and Dr. Nocard, Professor of Veterinary Medicine at Alfort, who were engaged on the cholera mission to Egypt, have been appointed Chevaliers of the Legion of Honor.

PARIS, January 18, 1884.

Selections.

ON FLAT-FOOT AND ITS CURE BY OPERATION.—Dr. Alexander Ogston, Medical Society of London, January 14th, read a paper, in which, after emphasizing the fruitlessness of the ordinary and usual methods of treatment, he entered into a discussion of the causes of flat-foot, and the mechanism of its production. The appearances observed in it were held to be due to a falling down of the inner side of the plantar arch, and this was mainly owing to a yielding of the astragalo-scaphoid joint in the sense of dorsal flexion. The deformity, in his experience, generally occurred in connection with rachitis adolescentium. Of this, evidence was found in rickety knottings of the bones, and other symptoms of rickets; as a rule, there had also been an amount of labor beyond the strength; in one boy, however, who was very fat, the flat-foot appeared at eight, without any other apparent cause. Pes valgus was a misleading term; the valgus was not a necessary part of the deformity. Valgus-ankle also was a different deformity; it was seen in young girls, and caused so much displacement at the ankle-joint that the malleoli struck each other in walking. In true flat-foot, on the other hand, the ankle-joint did not participate, but the arch of the foot became unfolded so as to touch the ground along the whole inner border. Examination of a foot in this condition might show relaxation of all joints, but especially and in great degree in the astragalo-scaphoid joint. When deformity existed to only a slight degree, it might disappear at once on lifting the foot from the ground. A slight aching pain was complained of; and in such cases an error of diagnosis was very liable to occur, owing to the condition of flat-foot only being present when the foot was on the ground being overlooked. In process of time, the deformity became permanent, and no longer disappeared when the weight

of the body was taken off. Alteration in the shape of the bones finally occurred, so that, even by the use of force, the arch of the foot could not be restored. The relaxation of the astragalo-scaphoid joint and the alteration in the bones were, he considered, the key to the deformity. As a secondary event, deformity of the great toe occurred, and, in extreme cases, the form of the foot was so altered as to become "canoe-shaped," the calcaneum being so displaced, the posterior part being tilted upward, that the heel could not be brought to the ground. The cure was arrived at by causing ankylosis at the astragalo-scaphoid joint after it had been restored to position. Several methods having this object in view had been tried, but the best results had been obtained by the following operation: An incision was made on the inner border of the foot, parallel to the sole and over the joint; the joint was freely opened; the surfaces of the scaphoid and astragalus were denuded of their articular cartilage; the arch of the foot was restored to position, and the joint fixed by ivory pegs passing through the two bones. In some cases the patient had been able to walk in two months, but as bony union occurred slowly in persons liable to flat-foot, he considered three months' rest in stiff bandages necessary to insure bony ankylosis after the operation. In one patient only a little tenderness remained for some time, and, five months after the operation, one of the ivory pegs was extruded through a small painless sinus. The operation proved successful in seventeen cases performed on ten patients. The plantar was not generally completely cured, but all the patients, with the exception of the man in whom the peg was extruded, considered themselves, when seen at considerable intervals after operation, cured. He observed the strictest antiseptic precautions (Listerian). Mr. W. Adams testified to the accuracy of Dr. Ogston's account of the excellent result of his operation, having seen a number of cases, on one occasion, in Aberdeen. Mr. Bryant thought that the operation was a valuable one to be applied to suitable, that was, to severe cases. A very similar operation had been performed by Mr. Golding Bird. Mr. H. F. Baker advocated the division of tendons in severe flat-foot. Mr. Davy did not feel convinced of the utility of the operation recommended by Professor Ogston. He looked with disfavor on any operation which tended to diminish the elasticity of the inner three fifths of the foot, and felt skeptical as to the permanent benefit likely to be derived from it. Sir Joseph Fayrer thought the operation promised to give great relief in some cases. He inquired whether any thing could be done to remedy and prevent the aggravation of flat-foot in young children before the structural changes had taken place. Dr. Ogston said that in none of the cases had contraction of the tendons been a prominent symptom. He had no experience of the operation in very severe, aggravated cases, where the deformity amounted to the canoe-shaped foot. With regard to the question as to what became of the ivory pegs, he observed that Reidinger and Trendelenburg had shown that ivory pegs might become eroded and vascularized, but the occurrence had never come under his observation. His operation had been performed on "adolescents" between the ages of thirteen and seventeen, or a little older. He had never, in any of his cases, met with a rise of temperature above 100° Fahr., or any symptoms of fever.

Picric Acid as a Test for Albumen.—Dr. George Johnson, F. R. S., writes, in the British Medical Journal: In the Journal of January 5th (p. 10) there appeared an abstract from the Maryland Medical Journal, to the effect that Drs. Cook and Watkins had found that the urine of patients taking cinchonidia "gives the same reaction, with picric acid, as if they had albuminuria." If this is really the conclusion at which these observers have arrived, they must be unaware of the facts mentioned in my lecture, published in the Journal, December 8, 1883 (p. 1106), that "most of the vegetable alkaloids, such as morphia, atropine, etc., are precipitated by picric acid, and by the potassio-mercuric iodide; but quinine is the only one which is likely to be taken in sufficient quantity to render the urine opalescent with either of these tests, and then the complete clearance by heat at once distinguishes it from an albuminous precipitate." One of my pupils, a healthy young man, volunteered to swallow ten grains of sulphate of cinchonidia in water. The urine passed two hours afterward was rendered opaque and milky by picric acid, but the transparency was completely restored by boiling, which is the exact converse of what happens when albuminous urine which has been rendered opaque by picric acid is exposed to heat. I repeat here a statement which I made in the lecture before referred

to: "There is no known substance occurring in either normal or abnormal urine, except albumen, which gives a precipitate with picric acid insoluble by the subsequent application of heat."

The statement of the American observers that "the urine of patients taking cinchonidia gives the same reaction with picric acid as if they had albuminuria," is not less misleading and absurd than would be the assertion that "the urine of patients taking alkalies or the alkaline salts with vegetable acids, for example, citrate or tartrate of potash gives the same reaction with heat as if they had albuminuria," such an assertion implying ignorance of the fact that the turbidity produced by boiling neutral, or alkaline urine, is due to a deposit of phosphates, which is distinguished from one of albumen by its ready solubility on the addition of a minute quantity of acid, whether vegetable or mineral.

Electrolysis in the Treatment of Dracunculus.—Dr. J. W. Reynolds, late Port-Surgeon, Bombay, commenting in the British Medical Journal on Dr. Falkner's use of electrolysis in the removal of guinea-worm, which he says is an old treatment, gives the following reminiscences: Twenty-five years ago I had many opportunities, personally and otherwise, of extracting guinea-worms. In Bombay, in those days, one or two barbers had quite given up their legitimate occupation and taken to extracting worms. A barber took five out of my legs very cleverly; most of them were extracted at one sitting, but two, one in each foot, held on with their hooks, and he had to leave them till the next day, when he got them out. His stock of instruments consisted of a needle and a razor; he commenced operations by finding, as near as he could guess, the center of the worm; then he raised the skin over the center of the worm on the point of the needle, passed the razor under it, and snipped off a tiny bit of cuticle, making an almost circular cut the size of a large pin's head. By raising almost invisible pieces of skin and tissue, and slicing them away with the razor, he deepened but did not increase the area of the hole till he saw the white worm at the bottom, then passed the eye of the needle (like a tenaculum) under it and brought up a loop. He pulled on the two sides alternately till he had got one end out, then he dealt with the other. When he found the hook had been made use of, he applied heat and friction to make it yield its hold. If galvanism were applied instead of heat, the worm would not hold on long.

The inflammation and suppuration set up when a worm is broken, is due to the myriads of very minute worms, found in their abdomens.

There are various theories as to how the worms get into the human body. My opinion is that they enter by the pores of the skin, for I attribute my being infested with them to having walked barefoot over a half-dried stubble paddy-field. They made me aware of their presence about six months afterward. The water-carriers in Bombay frequently have them in their backs. One European patient of mine had a worm in his scrotum, which he attributed to sitting too long in his bath.

About thirty years ago Bombay was supplied with water from wells, some of which were more infested with worms than others. Afterward the supply came from an artificial resevoir about twelve miles off, so perhaps guinea-worms are not so common as they used to be.

Modified Glanders in Man.—Under the care of Mr. Arthur Marsack, L. R. C. P., L. R. C. S. (The Medical Press): A household of nine people, three of whom are adults, and the rest children, ranging in age from three months to twelve years, were attacked by the following symptoms: All of them had felt unwell for a few days, and had had diarrhea in a more or less severe form, the adults being more affected than the children. Without any rigors or marked change in the temperature, this attack of diarrhea was followed by swelling of the sub-lingual and sub-maxillary glands, a thin and afterward thick discharge from the nostrils which stained the handkerchief yellow, and simple ophthalmia (conjunctivitis) of one or both eyes—in seven of the cases of one eye first and then the other—and a pustular eruption on the face, especially below the eye and nose, the surrounding skin being of a bright red color. Only one of the adults had this eruption, but all of the children were affected with it; the youngest of all, a baby of three months, had it below the chin in the folds of the neck where it discharged profusely.

In the children all the symptoms, except the diarrhea, were more marked than in the adults, and their effects more lasting. The swelling of the glands was in every case of a sub-acute type, and suppuration did not

take place in any one case. There were no rigors, and there was no rise in temperature to usher in any of these symptoms, and in most cases the conjunctivitis coexisted with the eruption and the swelling of the glands. The conjunctivitis lasted from five to seven days in the adults, and from nine to twenty-one days in the children; the discharge from the nose about ten days; the glandular enlargement nearly a month; and the eruption, which, although it coexisted with the other symptoms, has not in all cases disappeared, some traces of it still remaining in the younger children (six weeks from its commencement). The local treatment was a lotion of zinci sulphas (grs. ij ad oz. j) for the eyes, bread poultices to soften and clean up the discharges from the eruption, which latter was afterward treated with unguentum zinci. Internally, the syrup of the iodide of iron was given in varying doses, proportionate to the age of the patient, and change of air was prescribed, with most beneficial results.

Remarks. My reasons for thinking the above to be cases of modified glanders are the following: The house, the inmates of which were affected, lies in a valley, and on the hill facing it there is a slaughter-house where horses are killed for dogs' meat. The entrails, etc., of these horses are buried in a loose soil composed of decayed leaves, and the rain we had in the summer and autumn would be sufficient to wash the decomposing remains into the valley, which is so well protected by trees that the sun has little opportunity of striking into the ground until the leaves have fallen. Unfortunately, in the interest of science, there are no other animals, except human beings, in this small valley which would be affected by glanders, and as the men in charge of the slaughter-house deny that any but healthy horses were killed there, I have no conclusive proof that this disease, which I have endeavored to describe, is modified or attenuated glanders, but the experiments of Pasteur and others have shown that the bodies of diseased animals propagate through the soil the diseases from which they suffered, in an attenuated form.

Persistent Hiccough Treated by Chloral.—Dr. Geo. C. Kingsbury writes, in the British Medical Journal: I was called to see H., aged fifty. Two days previously, while walking in the street, he suddenly became giddy, reeled, and had to cling to a railing for support. With assistance, he got into a cab and was brought home. During the night he began to hiccough, at first occasionally, but soon very frequently.

When seen, it was forty-eight hours after his attack in the street, and forty hours since the hiccough began. He had purged himself, produced vomiting, and blistered his abdomen, but without relief.

Bromide of potassium, belladonna, camphor, acetic acid, spirits of chloroform, hydrocyanic acid, fetid spirits of ammonia, morphia, pressure on the phrenic nerve and over the epigastrium, were all tried. None had any effect, even large doses of morphia, hypodermically, only producing sleep, during which the hiccough continued as before.

After twelve days' incessant suffering, thirty grains of chloral-hydrate induced sound and undisturbed sleep for six hours, and the patient awakened, free from his tormentor.

I have since had several opportunities of trying chloral under similar circumstances, and have always found that a liberal administration of this drug produced prompt relief.

Leavitt recommended chloral for hiccough in the Medical and Chirurgical Review of 1871.

Dipsomania.—Dr. J. Muir Howie, of Liverpool, highly recommends, in the British Medical Journal, the following treatment: My experience in connection with the Home for Inebriate Women supports the exhibition of the bromides to the subjects of dipsomania. In this institution, our aim is to establish a healthy condition of nervous system by means of good food, fresh air, and cheerful surroundings, avoiding, as far as possible, the use of drugs of any kind. There are cases, however, in which at times the "nervous irritability" becomes so intense as to demand special remedies for its immediate relief. In such cases, I am in the habit of prescribing a draught containing from fifteen to sixty grains of bromide of potassium, and from fifteen to sixty minims of aromatic spirit of ammonia, in water, to be given every six or twelve hours, for two or three days, or until the "nervous equilibrium" is restored. It is much better to give large doses at long intervals than small doses frequently. Under this treatment, I have seen the attacks of drink-craving become less and less frequent until they have completely disappeared. Of course, there are many cases in which every form

of treatment is utterly unavailing. I remember one man, in my private practice, whose attacks were gradually lessened to one per annum, but who was never completely cured. This was demonstrated by his giving way to temptation during his annual attack one summer, while I was out of town; although by means of bromide and sal volatile he had been maintained in abstinence for over five years previously.

Trichinosis.—The British Medical Journal says: The attacks begin with violent "choleraic" irritation of stomach and bowels, then follow acute pains in the muscles and prostration, without the characteristic temperature-phenomena of enteric fever, and lastly, extreme cachexia, with edema of the subcutaneous connective tissue every where, and edema of the lungs, causing dyspnea. Yet albuminuria is generally absent. Each stage might be mistaken, but the order is pathognomic. Treatment: Since the gastro-intestinal irritation is caused by the enormous multiplication of the worms, which, dormant in their previously encysted state, have been liberated by the digestive juices, the plain indication is to evacuate the whole canal as speedily and completely as possible. Whether any one aperient has special vermicide properties we can not say. The use of strong wines or spirits in large doses, as successfully pursued by the toper of Emersleben, and in other cases of which we have heard, would be justifiable so long as any trichinæ remained. But when they have entered the circulation and the substance of the muscular tissue no special treatment is available. The patient's sufferings must be relieved and his strength supported, so far as possible, until the encysting of the adult worms renders them once more inactive.

Treatment of Wens by Ether Injections.—(The Medical Press.) A communication to the *Bull. Gèn. de Thèrap.*, by Dr. Lemoyez, discusses the different methods of treatment of sebaceous cysts of the face and scalp, and recommends parenchymatous injections of pure sulphuric ether. A case is reported of a man who was relieved of a wen of five years' growth by ten hypodermic injections of ether practiced at intervals of a day or two. The result was the conversion of the tumor into a cyst with fluid contents, the evacuation of the same, and speedy destruction of the cyst-wall by inflammatory action. In the case quoted, the treatment resulted in a perfect cure in a month, without keeping the patient in bed or restricting his movements as would have been required by the ordinary operation.

The advantages claimed for this method are its simplicity, painlessness, and efficiency, without exposing the patient to the risk of a surgical operation or in any way interfering with his business. The injections are made into the interior of the cyst, five or ten drops at each sitting, the needle of the hypodermic syringe being moved about so as to break up the contents as much as possible. They are discontinued when inflammation or suppuration begins.

The Nervi Nervorum.—In the last Bradshawe lecture before the College of Surgeons, Mr. Marshall forcibly supported the theory of sensory nerves in the sheaths of mixed nerves, although their existence had never been demonstrated. (British Medical Journal). We understand that Mr. Victor Horsly, the surgical registrar at University College Hospital, has since ascertained that in the perineum there are not only sensory nerve-fibers, but also "tactile corpuscles," or "end-bulbs."

Aural Defects in School-Children.—Of late years a Berlin aurist has conceived the practical idea of examining the ears of the school-children, and has ascertained that, of five thousand nine hundred and five children, one thousand three hundred and ninety-two were affected with diseases of the ear.

Free Service.—In Philadelphia twenty per cent of the professional work done is given without charge to the public.—*Gaillard's Medical Journal.*

ARMY MEDICAL INTELLIGENCE.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. A., from January 26, 1884, to February 2, 1884.

Alexander, Charles T., Major and Surgeon: So much of Par. 7, S. O. 211, September 14, 1883, as directs him to report in person to the Commanding General Department of the Missouri, for duty, is revoked, and he will, upon the expiration of his present leave of absence, proceed to St. Louis, Mo., and assume duty as attending surgeon and examiner of recruits in that city. (Par. 1, S. O. 21, A. G. O., January 25, 1884.) *Elbrey, Frederick W.*, Captain and Assistant Surgeon, present leave of absence extended six months. (Par. 9, S. O. 24, A. G. O., January 25, 1884.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, FEBRUARY 16, 1884.

Original.

COMMON-SENSE PROCEDURES IN OBSTETRIC PRACTICE.

BY GEO. T. M'COY, M.D.

We, who tread the humble paths of a country doctor, learn early in our practice self-reliance, which we may possibly imbibe, at the same time, a considerable amount of egotism. In no other field is self-reliance such a necessary acquisition as in the field of obstetrics. Being called to cases from five to ten miles from his office, there being in many instances no other physician within three or four miles, it would be strange, if some of the ordeals of the lying-in chamber through which the country doctor has to pass, unaided and alone, did not develop in him courage to meet emergencies, and judgment to deal with them. There have been times in the writer's life when the genial face of a friendly eclectic (provided he were an obstetrician), would have been gladly welcomed—the frowning code notwithstanding.

In December last I received the following note at midnight, from a young friend, which explains my meaning:

"Dear doctor, come if you can; if you can't come, for Heaven's sake send me your forceps. Convulsions. Yours, C. C. F."

This case was at least four miles from me, and the message came just as I was starting to a lying-in patient myself. Only those placed in such trying positions can realize the strain and the nervous exhaustion that followed that night's labors.

In dealing with emergencies we are often compelled to devise new methods of procedure, either from lack of proper assistance, or because many of us forget what the books advise in such cases. And, after accomplishing our purpose, we cease to think any more about it until our attention is attracted by an account of "an entirely new method of stimulating contractions of the uterus," etc., published in a leading journal, perhaps several years afterward.

Many times, at society meetings and elsewhere, we hear old men in the profession remark: "I have practiced that for years," or "that is the plan I always follow," when to us the method is entirely new. A friend of the writer, who has been in practice for fifty years, has never reported a case; and one of the objects of this paper is to incite physicians to publish their common-sense methods. They may be new to every one but themselves.

The oxytocic effects of morphia have been known for years, yet it is only recently that any account of the mode of using it has been published. It is oxytocic in small doses only (⅛ gr.). In a case of tedious labor, some years ago, I gave a dose of morphia, with the expectation of quieting pains and giving the patient a rest while I made a visit to another patient. I did not get out of sight of the house until I was called back, and found a "new-born baby" and a lacerated perineum. In mentioning the case to an old physician, I regretted that I had not given a larger dose. He replied that he "very frequently noticed the parturient effect of morphia in small doses during the first stage of labor, especially where there was rigidity of the os uteri; which condition it often relieved." And since I have heard the women speak of the "little powder of Dr. X., which always made them better or worse."

At a meeting of the St. Louis Obstetrical and Gynecological Society, October, 1883, a paper was read by Dr. G. J. Engelmann, on "External Manipulation in Obstetric Practice." The paper, and the discussion following, will repay any one for the time spent in its perusal. In regard to these

manipulations Dr. Engelmann says: "Old and well known, familiar to many, as these methods are in the obstetric practice, they have been, I may say, rather instinctively resorted to by the ignorant than used, defined, and developed by the scientific practitioner. Though at all times frequently resorted to, Credé was the first to call attention to one of these manipulations for one particular purpose, and elevate it to the rank of a scientific method. . . . Universally used by primitive peoples, crudely practiced by many, and highly esteemed by some of the most advanced obstetricians, they have not been sufficiently regarded to become a generally acknowledged useful scientific aid to the practitioner."

I can not think that ignorant instinct had much to do in devising these methods, but dire necessity, it being in obstetrics, as elsewhere, the "mother of invention." And in some cases, no doubt, the desire to appear to be doing something has resulted in positive benefit to both patient and physician.

The writer had been practicing "expression" (crudely perhaps) for a number of years before he ever heard of Credé, and used it for delivering the child as well as the placenta. I was called to a case in June, 1872. The patient was a multipara; but the child was born without trouble. I ligated the cord, and, feeling over the site of the uterus, and finding it contracted, I remarked to the patient that I would relieve her of the "after-birth" presently. She answered, "I can do that myself, doctor; I did with the last one." Wishing to know how she would *extract* the placenta, I asked her to enlighten me, which she proceeded to do immediately.

Her shoulders were elevated and steadied by her husband placing himself just behind her; her knees drawn up. The patient took a full inspiration, and placing her hands over the fundus of uterus, with the thumbs crossing and the palms compressing the fundus, she made firm, but steady pressure in the direction of the outlet, assisting these manipulations by contracting the abdominal muscles, and diaphragm. She continued the pressure as long as she could comfortably hold her breath, then rested a moment and renewed the effort. At the end of second trial the placenta was in the vagina, and, asking for a bed-pan, she relieved herself as easily as if she had removed a napkin. This was my first lesson in expression, and you may be sure that I have remembered it.

One of the first things of advantage that I noticed in expression over extraction was, that the tendency of the membranes to tear when extracting the placenta was overcome by the new method, and it was always mortifying to know that a small portion of the membranes was left in the uterus, such being often the case when extraction was practiced.

The mother of this patient had also practiced the same method with her two last children. I have some patients that are able to expel the placenta by voluntary contractions of the abdominal muscles, aided by the diaphragm, coincidently with contractions of the uterus.

I have found expression of great service in delivery of the head in breech and footling cases, and, as Dr. Engelmann suggests, I generally instruct an assistant to "stand with the face toward patient's feet" (placing the hands in the position mentioned in the above case), "and to make firm pressure during a pain, or efforts at traction." Expression, intelligently applied, would in many cases obviate the necessity for the use of the forceps, and massage would often render ergot unnecessary.

Physicians in country practice often reach a case from ten minutes to an hour after the child is born, and occasionally find the child not separated from the mother. Noticing that children kept warm suffered no ill consequences from this delay, and that I occasionally found the placenta in the vagina, I was led to consider the expediency of late tying in all cases, and waiting for the action of the uterus (a reasonable time at least) to expel the placenta. This was before I had ever read of the difference in weights of children separated early or late. Occasionally, after the head is born, there is a period of rest, which, if much prolonged, will induce the attendant to make *traction* upon the head of the child to expedite the delivery of the body. In some cases there is positive inertia. I have known lacerations to occur as the shoulders were passing when they were *drawn* through. But instead of traction upon the head I use friction to excite contraction, and if I attempt any assistance it is by expression. I have never known lacerations to occur when the shoulders were *pushed* through. No interference is justifiable in ordinary cases. I do not know how many physicians follow the same methods, nor do I know that any one does.

In some women who have borne several

children, there is developed a tenderness of the abdomen during the last month of gestation, due to excessive distension. These patients are not good cases to practice expression upon. Extraction in such cases is preferable, but before practicing it we should always wait a reasonable time after delivery of the child for the uterus to respond. Clean hands intelligently used are the best instruments in the lying-in room. Whether the placenta is removed by extraction or expression, waiting a reasonable time is good practice, because during early removal there is danger of tearing the membranes. The removal of the placenta without tearing the membranes is easily accomplished by either method if we wait until it separates from the uterine wall and presents at the os. If we defer tying until pulsation has ceased in the cord, it will be noticed that the latter becomes shrunken and shriveled, and on delivering it the amount of hemorrhage from the placental portion is so slight that the second ligature will not be required. There are cases in which all rules must be departed from, and in such emergencies the attendant will have to trust to experience and common sense for counsel which can be had from no other source.

LANCASTER, IND.

Miscellany.

PROFESSOR PARVIN.—This distinguished gentleman has thoroughly fulfilled, in his new position, the most exalted expectations of his many friends. By his eloquence and learning he has gained the admiration of the profession of Philadelphia, and by his genial, amiable, charming manners he has won the hearts of his new associates.

The alumni of Jefferson Medical College lately honored Professor Parvin with a brilliant reception at St. George's Hotel. The venerable Professor Gross introduced Professor Parvin in a brief, most complimentary, and appropriate speech. Professor Parvin responded in his usual happy vein, and, in speaking of the many pleasant associations which were sundered by his departure from his old home, said:

"I resigned my position in the University of Louisville, a medical school in whose prosperity I feel a deep interest, and which has an able Faculty: among its members are Dr. Theodore S. Bell, a prodigy of vast and varied learning; the two Yandells, illustrious sons of a noble, now sainted sire, one of them so well known to most of you as one of the clearest and most vigorous writers in the profession, and one of the most eloquent and fascinating orators upon the continent. It was both pleasure and honor to be associated with such men as these and their colleagues. Ties of no common strength were broken when I left these and other friends; but the voice of duty and of destiny was plain."

MODERN ABUSES IN MEDICINE.—In the address of Dr. Alexander Hutchins, President of the Medical Society, State of New York (New York Medical Journal), are to be found the following significant paragraphs:

A good physician is not necessarily a learned man. Experience, sagacious observation, strong intuitive perceptions, with the minimum facility in advanced appliance, have made, and will continue to make, successful practitioners of medicine. But these are not the teachings of text-books, and are not the themes of the medical lecturer. However, it will hardly be questioned that skill in differential diagnosis is the safe basis of treatment, and varied resources in medical art lead most rapidly to the best results; and the faithful student in the profession is the one most keenly alive to the importance of both. When the pre-eminent importance of accurate diagnosis is considered, when the difficulties that environ its acquisition are appreciated, when it is understood how patient and enduring are the observations that lead up to the mastery of the nomenclature of medicine and the comprehension of the varied conditions it represents, it is humiliating to hear the most profound disorders that afflict mankind bandied about in common speech as the veriest playthings of the hour. The diphtherias that come into homes as plentifully as summer showers over the landscape and pass away as soon; the peritonitis that disturbs the quiet of the night and is dissipated with the morning dew; the pneumonia and spinal meningitis, that early recognition and prompt specific lead in a few days to vigorous health, are all recounted with flippant unconcern, in drawing-room and social circle, on the highway, in the mart. These are not the manufacture of the people, for the terms are foreign to domestic culture. It were refined cruelty to charge upon the doctor such consummate ignorance; better far to credit him with the knavery that can command untruth to advance his interests of fortune.

On the other hand, it is asking too much of credulity to believe that the attitude of the profession is friendly to the community when the lavish gift of the doctorate puts into so many undisciplined hands the medical arts which are as potent for evil as for good. Is it too much to assert that uncertainty of diagnosis runs parallel with the free use of drugs, and that confidence in specific therapeutics decreases with experience at the bedside? What inferences are deducible in this direction from the multiplying drug-stores and the rapidly enlarging business enterprise of the great manufacturing chemists? Is it supposable that the ingenious activity of pharmaceutic industry, in devising the protean forms and potencies of foods and medicine, is all on the side of the public interest? Does it appeal to the public direct, or is it profitable through the medium of the profession, who act as agents to benefit the manufacturer at the expense of the people—the only commission being the desertion of the tried for floundering experiment with the novel? Does the percentage from the truss-man and the druggist mean any thing more than the struggle of incompetency to eke out a livelihood at increased cost to the people? Is the community safer with broadcast hypodermic morphia, aconitia, and strychnia (vegetable medicines, forsooth) than with a blind surgeon exsecting a tumor from the axilla? Whence comes this malaria, that has jaundiced the speech of men, but from the track of the scapegoat making for the wilderness, burdened with the easy diagnosis of lazy incompetence? Has the clinical thermometer proved an unmixed good, when every pyrexia is the impetus to indiscriminate quinine? and who is responsible for the "one-cent-a-grain in pill or powder" that blazon in the sunlight through colored globes in shop-windows along every thoroughfare? Has the speculum contributed to the moral sense of the community, while prurient or needless interference with most cruel vandalism is invading the sanctity of the home and making the daughters of the land wise before the time?

Humiliating and unsavory though it be, the regnant fact holds true that—coupled with that large body of men who acknowledge an ancestry of scholars and faithful students of nature, who base their art on principles which have survived criticism, who practice their art in the interest of the physical and spiritual well-being of their fellow-men, whose livelihood is a legitimate product of their worthy and acceptable service—there is another and large class, known not only to the census enumerator but to the community by the same name, with equal protection under the law, who, with insufficient culture and consciences dulled through habitual and ignorant tampering with grave responsibilities (described lately, by an influential medical journal, as "hangers-on of whom any party would be ashamed"), are a standing menace to the community, which, accepting all as competitors in the race, gives to all alike its patronage and its support. . . .

Read McMaster's delightful description of the doctor in 1784; see the same men as they are adapted to the social relations in varying communities all through the land to-day, furnished with arts and information that make them acceptable by every hearthstone; prepare, to fill their places, men whose accomplishments shall be the test of fitness; and, with the assurance that character is the result of responsibilities well met, and that character alone is influential to make the educating impress on the community, the day need not be far distant when the medical profession shall be in the wiser confidence of the community.

There is a laudable pride in occupations, and its basis is the consciousness of doing a useful thing well. To defend his heritage is the chivalrous duty of the scholar.—*Lancet.*

Knee-Breeches for Laborers.—Fashion, notwithstanding its caprices, is subject to the controlling influences of the sense of comfort and that of appearance. The short clothes of the Georgian era still hold an established place among varieties of dress, though not that of the governing type. They seem to form the chosen habit of those whose lives abound in muscular movement. Thus they set the fashion of boyhood in the knickerbocker suit; they commend themselves to athletes, and especially those of them who run much; farm-laborers often wear them; the infantry soldiers of more than one Great Power find them serviceable. Might they not be even more commonly worn in civil life than they are? Speaking broadly, we may say that all callings which entail much physical exertion would profit by the change. In particular, this is true of labor in the open air. In this form of work especially, where there is frequent and prolonged movement of joint and muscle, the weight of surplus clothing soon occasions weariness, and the surroundings are

not the most cleanly. The laborer, if knee-breeched and gaitered, would be disencumbered of as much heavy mole-skin or corduroy as would otherwise fall below the knee, a part of his clothing would not then as now flap about the feet to no other purpose but to be soiled by the mire of his work, or in wet and cold weather to lead to illness by chilling or freezing on his legs. Gaiters of some close and not too heavy material might be worn over the stockings. They would be comparatively out of the way of dirt, would maintain warmth, would brace the muscles with equal and moderate pressure (a noteworthy consideration with men who are much on their feet), and if wetted might be easily removed and replaced by another pair. If some such reversion to a prior type were brought about in the dress of workmen, the change, being one of arrangement even more than of quantity of clothing, would enhance the comfort, facility, and effect of their exertions without prejudice to the health. It is at least suggestive that many workmen do endeavor by various devices, such as leggings, straw ropes, and the like, to make as little of their trousers below the knee as possible.

Another Typhoid Epidemic from Milk. Were it not with the hope that continual iteration may be useful in exposing the enormity of the evil, and in showing to the public the importance of increased power in regulating the sanitary state of dairies, the frequent occurrence of epidemics due to polluted milk would be scarcely worth recording. (Lancet.) We can hardly look over a morning newspaper, much less any of our medical or sanitary journals, without discovering that disease and death have been disseminated through the milk-can, and a compilation of cases for a year proves that the total number of victims is very large. It is scarcely possible that the only men who know nothing of milk-pollution by means of disease-germs and dirty water can be men engaged in the trade; and willful exposure of milk to the dreadful risk should be met by punishment of the severest kind. We have now to record an outbreak of typhoid fever at Aberdeen, exactly similar to those which so recently occurred in the neighboring districts of Dundee and Strichen. Since the 20th of December sixteen cases of typhoid fever have occurred among nine families in one of the best districts of Aberdeen. The houses were found to be peculiarly free from sanitary defects, and Dr. Simpson, the medical officer of health, had little difficulty in connecting the cases with the dairy from which every one of these families derived their milk-supply. The sale of milk and manufacture of butter have been stopped, and the stable is being locked when the steeds are gone. Dr. Simpson and his staff have shown their wonted zeal in minimizing the mischief. As of medical interest, it may be mentioned that several of the cases have painful swellings of the parotid and cervical glands as prominent symptoms, and among the aged the leading features are those of blood-poisoning.

A New Combination of Quinine and Chloral.—Attention has been called by Dr. Mazzara to a compound of quinine with chloral, which he believes is but the beginning of a number of similar compounds of chloral with other alkaloids.

To a solution of quinine in chloroform an equivalent quantity of chloral is added and, after thorough admixture, spontaneously evaporated. The residue is taken up with stronger ether, and on being gently warmed a separation of white warty crystals begins, and the liquid speedily becomes a crystalline paste. Another method described is to dissolve 32 parts anhydrous quinine in chloroform, add some anhydrous ether, then 147.5 parts of chloral, and gently warm. Wash the crystals slightly with cold ether and dry over sulphuric acid. The crystals are snow-white, nearly tasteless, but after a little developing bitterness.

At the temperature of 149° C. in dry air the salt volatalizes without change. In a dilute acid solution it has the characteristic fluorescence and thalleioquin reaction of quinine; does not show any chlorine reaction when treated with sodium bicarbonate. Its chemical composition is $C_{20}H_{24}N_2O_2CCl_2COH$. The solution in water is not believed to be stable, and a dilute acid is thought necessary to be added.—*Chemist and Druggist.*

Hegar (Freiburg) is of opinion that an atrophy of the muscular fibers of the tube may lead to tubal pregnancy. He had observed a case which could be thus explained. The patient died. An operation would have been quite feasible, as the entire sac could have been extirpated.

The annual death-rate of St. Petersburg is over fifty-one per thousand.

The Louisville Medical News.

Vol. XVII. SATURDAY, FEB. 16, 1884. No. 7

L. P. YANDELL, M.D., - - - - - - - }
H. A. COTTELL, M.D., - - - - - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

MILK AS A VEHICLE OF THE TYPHOID POISON.

In two ways this most important article of diet may become the conveyer of disease. First, when the milk is exposed to the sick-room atmosphere, or is poisoned by the proximity of milkers or other dairy people who are also nurses or room-mates of the sick. Second, by the water which is, probably, well nigh universally used by dairymen to augment their milk-supply. Sometimes this water is procured from pumps which are contaminated by drains, sewers, gutters or privies near by. Sometimes it comes from springs which receive, in time of rain, hillside waterings containing human fecal excreta. That milk is a frequent source of scarlet fever, diphtheria, typhus, typhoid, and other diseases is beyond dispute. Not a year, and scarcely a month, passes that such poisonings are not recorded in our European exchanges.

During the past winter in Louisville typhoid fever was unusually abundant and is still prevalent. It is confined to no locality and to no class of society. In the cases which have come under our observation there was apparently no local cause of the fever.

Typhoid is, in Kentucky at least, a greater scourge of the rural districts and villages than of the cities. It is said to have lately prevailed to a large extent in the vicinity of Louisville. In the households of three dairymen near the city typhoid has prevailed this winter we are informed. We suggest to our Board of Health the propriety of inspecting the neighboring dairies. It is not pleasant to think of taking typhoid poison in our milk and ice cream, but it is well to think of its possibility and promptly to institute preventive measures.

THE NEW CODE STANDS.

At the recent session of the New York State Medical Society, in Albany, the resolution of Dr. Didama, of Syracuse, to restore the old code was lost by a vote of ayes, 105, nays, 124. Last year the vote on Dr. Squibb's motion to repeal the new code stood, ayes, 99, to nays, 105. According to these figures the advocates of the old code have gained but six votes during the year, while those of the new can claim an advance of nineteen. The new code, therefore, stands approved, the American Medical Association is defied, and the specialists of New York City may continue to meet eclectics and homeopaths in consultation, with none to molest or make them afraid, since by this vote the act of secession from the American Medical Association is confirmed, and, holding the balance of power in the only remaining body which could question their conduct, they are indeed a "law unto themselves."

The re-opening of the code discussion at this time would of course be out of place, since the subject has been argued *pro* and *con*, through the leading journals of the land, by many of the most able members of the profession for now nearly two years. The result is not comforting to those of our metropolitan brethren who still try to walk in the ways of the fathers, since, in spite of the influence of some of the most eminent of the New York profession, the protest of medical bodies throughout the

United States and the refusal of the American Medical Association to recognize the rebellious delegates, the new-code men not only hold their ground, but prove by the figures above quoted that they have actually grown in numbers and in power. Nor is the attitude of the advocates of the new code a graceful one. They stand in open rebellion against principles which all well-thinking men outside of their particular clique hold to be essential to the proper guidance of professional conduct, and under circumstances which at least lay them open to the imputation of doubtful motives.

The question as to what the seceding doctors will do, need not give the profession much concern, for it will be allowed that the majority of them are gentlemen of unquestionable integrity, who will not soil their skirts with dirty practices. But the lines are down, and the influence of this inverted movement upon a certain ethically undifferentiated portion of the guild may yet bear fruit, the sowing of the seeds of which these better men will be ashamed to own. The question, we repeat, is not what the seceders will do, but what shall be done with them; and this, we take it, will be the one vital question at the next meeting of the American Medical Association.

If the expressed determination of the minority who stood against the innovation at Albany can be taken as a sign of the times, the seceders will not secure any large following. A new State society will be organized in New York under the old code, and the adjournment of the next meeting of the American Medical Association will show us a respectable body of self-constituted reformers under the ban of professional ostracism, comforting themselves with the reflection that they are suffering only for the truth's sake, while they officer and man the craft of mutual admiration to their own taste. Some terms of compromise may possibly be found, but it is too much to believe that the great body of the American profession will surrender to New York City; and while hints, arguments, and threats may be, as they have been, of no avail, it is not improbable that some line of treatment may be devised which will bring these gentlemen to see that great reforms in ethics, as in every thing else, are brought about, not suddenly by the open rebellion of the few, but through a slow, temperate, and judicious molding of public opinion.

THE FLOOD OF 1884.

At 9:30 o'clock, February 13th, the water in the Ohio reached last year's flood mark, which is forty-four feet six inches above low water line, and continued to rise all night. At six A.M., 14th February, it is forty-five feet and rising. At Cincinnati, one hundred and twenty miles above Louisville, the flood is seventy feet above low water line. In regard to the connection between floods and forest destruction, the Louisville Commercial aptly says:

> Attributing the two great floods of 1883 and 1884 to the destruction of forests in the Upper Ohio Valley does not seem to be justified by facts. The tables of annual floods begin only with 1858. The fourteen floods before 1870, including the two great deluges of 1832 and 1847, averaged at Cincinnati a height of fifty-one feet seven inches. The fourteen floods since 1870, exclusive of the present year, averaged a height of fifty feet three inches, the latter average being one foot four inches less than the former. Up to 1883 the annual floods recorded varied very little. Yet, if the cutting of forests caused the great flood of 1883, we must believe that the cutting was all done within one or two years, or if it had been gradually done the floods would have been getting steadily greater. There must also have been some pretty tall timber-cutting just before 1832 and 1847. When we consider that four times in fifty-two years the floods have gone above sixty feet, and that two of the times were forty years ago, there seems to be no reason for alarm on the timber question. An immense and general fall of rain and snow seems to have had the same effect both before and after timber-cutting.

This flood and forest question, like that of consanguineous marriage and the germ theory of disease, is yet far from being settled. Alas! outside of mathematics how little do we really *know*. Once the proba-

ble was accepted for fact and the dicta of the elders was received as law, but now a wise skepticism in all matters of nature rules. The existence of poetry depends upon imagination. The foundation of all religions is in faith. Science accepts only that which is proved. "Science means measurement."

THE LOUISVILLE MEDICAL COLLEGE.

The Medical Herald, of Louisville, Ky., has passed into the control of the "Louisville Medical College." This is the college whose contemptible bidding for students was exposed by Dr. Reeves, of West Virginia, in his address at Detroit. In its mud-flinging at rivals and laudation of its own school the initial number of the journal, under the new *regime*, indicates that its mistress is no better than she has been painted. Louisville is to be pitied.—*Editorial in the Columbus Medical Jour.*

Sharp-pointed and painfully true are these comments. We warned this misguided school in the beginning that its evil course would destroy it. The Columbus Medical Journal but expresses the sentiment of the profession every where. Again we say, "Turn, sinners, turn, for why will ye die." Remember the destructive consequences of your former iniquities. Reform once more, ere it is too late. Your present course must inevitably destroy you. Erring brothers, cease from sinning, for "the wages of sin is death."

ROYALTY FROST-BITTEN.—The King of the Belgians is said to be suffering so severely from swollen feet caused by chilblains, that court festivities have been postponed. (The Medical Press) By this time probably thousands of quack nostrums have been poured into the palace by enterprising proprietors, and a larger number still of offers to cure by that large number of amateur doctors who have always had the very same complaint that every body else has, and know how to bring it to a sudden and miraculous cure. Poor royalty!

"The worm shall trail across thy unsunned sweets,
And fatten him on what men pine to death for;
Yea, have a further knowledge of thy beauties
Than ever did thy best-loved lover dream of."

Festus.

Bibliography.

Elements of Human Physiology. By HENRY POWER, M.D. (Lond.), F.R.C.S., Ophthalmic Surgeon to St. Bartholomew's Hospital, Lond.; Examiner in the Board of Anatomy and Physiology, Royal College of Surgeons. Forty-seven engravings. (Manuals for students of medicine.) Philadelphia: Henry C. Lea's Son & Co.

This work is one of a series of manuals upon the various branches of medical science which have been rapidly issued by Messrs. Lea's Son & Co. during the last three months. They are all written by eminent English medical teachers and practitioners, and are designed in the main to give the student an epitome of what is contained in the larger works.

The book under notice is concise, accurate, and remarkable, when its small size is taken into account, for the many topics with which it deals. The author is well known as a writer upon physiological themes, and any work from his hand comes to us with the sanction of high authority. As a guide to the student in physiological research, and as a remembrancer in preparing for examinations, this little work will serve a good purpose.

Epitome of Skin Diseases. With Formulæ for Students and Practitioners. By the late TILBURY FOX, M. D., F. R.C.P., and by T. COLCOTT FOX, M.B., M.R.C.P. Third American edition by T. COLCOTT FOX, B A. (Cantab.), M. B. (Lond.), Physician for Diseases of the Skin to the Westminster Hospital, etc. Philadelphia: Henry C. Lea's Son & Co.

Dr. Tilbury Fox at the time of his death was one of the English authorities on dermatology, and his works live after him, a proud monument to his industry and ability. Thomas Colcott Fox, a younger brother, is in nowise inferior to his distinguished brother as a writer and practitioner. He is a great favorite with the profession in London, and is likely to achieve even higher distinction than his beloved and lamented relative. He is a man of superior mind and acquirements, methodical, practical, clever, and conscientious. The little work offered by him to the profession is a clear and concise presentation of skin diseases as they are commonly understood by the dermal specialists. This book, from its brevity and inexpensiveness as well as by its other merits, is likely to meet with a large sale. All works by specialists are apt to be defective in therapy, but the general prac-

titioner by bearing in mind that the apparently local diseases are commonly of deeper origin, and that the causes and symptoms, and not the seat of the locality of diseases should guide their treatment, will find their management quite as satisfactory as that of the maladies called constitutional or systemic.

A Dictionary of Medicine, including General Pathology, General Therapeutics, Hygiene, and Diseases Peculiar to Women and Children. By various writers. Edited by RICHARD QUAIN, M.D., F.R.S. New York: D. Appleton & Co. 1883.

The peculiar merits of this masterly work were, at the time of its issue, duly set forth in this journal. The rapidly increasing demand for the dictionary, and the unqualified testimony in its favor which we hear from not a few physicians who have purchased it, fully sustain the points made by our reviewer.

It is a library of practical medicine in epitome, and as a book for ready reference will serve the needs of the practical physician more fully than any other work of its kind.

Clinical Chemistry. An account of the analysis of the blood, urine, morbid products, etc., with an explanation of some of the chemical changes that occur in the body in disease. By CHARLES HENRY RALFE, M.A., M.D. (Cantab.), F.R.C.P., Assistant Physician at the London Hospital, etc. Sixteen engravings. (Manuals for students of medicine.) Philadelphia: Henry C. Lea's Son & Co.

The many recent discoveries in physiological chemistry, with the indispensable aid which this science is known to give in the estimation of the solids, fluids, and secretions of the animal body, not only in health, but in disease as well, make such works as the volume under notice a necessity to the medical student and practitioner. The book is not merely a compilation from various writers, but contains much which is the fruit of the author's own practical investigations relative to the subject in hand.

While it does not deal with manipulative chemistry in detail, sufficient reference to this kind of work is made to render the manual of practical use to the physician as an aid to diagnosis in his daily clinical investigations. Every practicable chemical test which has been found to be useful to the practitioner is carefully set forth, and the drawings are made with truth to nature.

The more prominent diseases which are wont to be characterized by changes in the blood or secretions are outlined in their most striking symptoms, and suitable but brief comments are made upon their general pathological features, points which, while adding much to the intrinsic value of the book, serve also to make it very readable.

A Hand-book of Skin Diseases and their Homeopathic Treatment. By John R. Kippax, M.D., LL.B., Professor of Principles and Practice of Medicine and Medical Jurisprudence in the Chicago Medical College, etc. Second edition, revised, enlarged, and illustrated. Chicago: Duncan Brothers. 1884.

The descriptions of the diseases treated of are those usually given, and the local treatment and diet advised are those commonly in use by dermatologists. The internal treatment is homeopathic, and therefore absurd.

Obituary.

JOHN T. WILLIAMS, M.D.

The following resolutions are published by request of the Medico-Chirurgical Society of Louisville:

WHEREAS, We have learned with sorrow of the untimely death, on January 15, 1884, of Dr. John T. Williams, a member of this Society, Professor of Surgery in the Hospital College of Medicine, and an anatomist and pathologist whose abilities and qualities, despite his characteristic modesty, had been widely noted, therefore be it

Resolved, That in his decease we realize the loss to this Society of a proficient and honored member; to his college, of a great factor of its educational efficiency; and to the profession at large, of one whose proven devotion and expertness in research gave earnest of a continued increase of his already valuable contributions to anatomical and pathological knowledge, and assurance of a brilliant career in his new capacity. Be it also

Resolved, That we extend to his family, with this expression of the sense of our own loss, assurance of heartfelt compassion for their greater bereavement.

J. B. MARVIN,
E VON DONHOFF,
JOHN G. CECIL,
W. O. ROBERTS,
AP MORGAN VANCE,
Committee.

Selections.

EPIDEMIC CHARACTER OF PUERPERAL FEVER.—Can it be true that the process necessary for the birth of the human race is always attended with the development of a deadly poison whose malignant effects must inevitably prevent the spontaneous and kindly healing of such little traumatisms as always result from the process, and that, therefore, it is the duty of the accoucheur to take preventive measures of the character proposed? Does every parturient woman, in performing the function of maternity, like the scorpion, that carries in its tail an agent for suicide if death is threatened by fire, physiologically generate an equally fatal poison in a corresponding locality, which the obstetrician must gaurd against by means that are most inconvenient, alarming, and not altogether free from danger!

I do not intend now to examine the question, which I have before discussed very thoroughly, and my views have long been published, whether there is not a distinct disease, most appropriately denominated puerperal fever, when, if there be any septicemia, it must be a consequence of a primary disease and not a cause. Nearly a hundred years ago the eminent obstetrician of London who succeeded Denman, Dr. John Clarke, wrote as follows in regard to puerperal fever: "Unfortunately, the uniformity of the disease was assumed, and each author erected his own experience into a standard by which to judge of the descriptions and the practice of others." This observation, which I read early in my professional life, made a strong impression on my mind. I trust that it will not be deemed egotistical that it had great influence on my mind during the twenty-five years that I was engaged in teaching medical students, as I felt strongly the responsibility of the position, and that I should be culpably negligent in my duty if I simply gave the results of my own observations, or the opinions of a limited number of observers, or the theories of a few popular authorities, but that I was bound to give the sum of the knowledge which had become a part of the common stock of the profession. For reasons which will be obvious, I felt this more strongly in regard to puerperal fever than any other subject which I had to discuss either before medical students or in medical societies. More has been written on this than on any other disease. It has been a terribly fatal disease in lying-in hospitals in all the great cities where such hospitals are found. It has been fatal as an epidemic in rural districts, where within a certain area every woman in a sparsely settled population, who gives birth to a child, for a certain limited period is affected, and a large proportion die. I could refer to very many published reports of such epidemics which have occurred in villages and towns, where for twenty-five or thirty years previous not a single death has occurred in childbirth except from the casualties of labor, such as rupture of the uterus, hemorrhage, and convulsions.

All we know of any disease is derived from the study of its etiology, its clinical phenomena, and its anatomical lesions. The epidemic disease to which I have just referred differs in all characteristic points from what is known as septicemia. It differs in its origin, its modes of attack, its symptoms, and its anatomical lesions. The symptoms are frequently manifested a day or two before or even during labor, even when the child is subsequently born alive. In septicemia the symptoms are never observed before or during labor, except when the fetus is putrid. The former disease, puerperal fever, orginates from epidemic causes, and from contagion and infection. The latter, from nosocomial malaria, from autogenetic infection, and from direct inoculation. Can a woman after childbirth be exposed to the danger of receiving the poison which produces septicemia in larger doses than when she has retained in her uterus a portion of putrid, decomposed placenta? Yet I do not believe there is a single person who has had considerable obstetric practice for twenty years who has not had more than once to remove portions of putrid placenta which have been retained for days, and the patient has had no disturbance of such severity that he would call it puerperal fever. —*Dr. Fordyce Barker, in the New York Medical Journal.*

FATAL result from injection of the tunica vaginalis with iodine for cure of hydrocele is reported by Dr. John A. Wyeth in Annals of Anatomy. Patient had had syphilis and gonorrhea, the latter several times, but no symptoms of any unusual lesion for at least three years. The hydrocele on the left side was of three months' standing at the time of operation. The urine contained a trace of albumen and pus, supposed to be *liquor puris*. In the operation,

which was done June 27th, the method advised by Van Buren and Keyes was followed. The fluid, measuring about eight ounces, was drawn off with a medium-sized aspirator needle, and one half the quantity of tincture of iodine was thrown in and immediately drawn back into the aspirator. A small quantity, estimated at about one half an ounce, would not return through the needle, and was allowed to remain in and to trickle out through the trocar wound.

Pallor and other evidences of slight shock followed the operation, which was done at ten A. M. At four P. M. patient had a chill lasting fifteen minutes, followed by delirium and a rapid pulse, scarcely perceptible at the wrist. Half an ounce of whisky was given *per os*. By this time a dark-blue spot, insensible to the touch and as large as a silver dollar, had made its appearance on the scrotum, extending to the median raphé. A free incision was now made into the tunica vaginalis through this spot, the cavity was washed out, and the scrotum covered with a poultice. The iodine which was left in was washed out, together with a few small brown clots, which seemed to be coagulated hydrocele fluid stained with iodine. Urine, passed six hours after operation, was colored with iodine, and the breath had a peculiar odor. Temperature on this day was, at 3:40 P. M., 101° F.; 4:20 P. M., 102° F.; eight P. M., 99.8° F.; ten P. M., 99.7° F. Quantity of urine in first twenty-four hours, fifteen ounces.

June 28th. Temperature from one to eleven A. M., 99° F. At two A. M. passed five ounces dark urine. Slight vomiting, and again at nine A. M., after taking milk. Cellulitis of scrotum, penis, and contiguous skin of abdomen. One P. M., temperature 101° F.; four P. M., temperature 102° F.; urine, nine and a half ounces.

The next few days sloughing of the scrotum occurred, poultices were applied, and the patient was in general comfortable with temperature never above 101° F. The urine averaged about twelve ounces.

On July 4th patient was seized with a severe diarrhea, followed by eleven evacuations, which greatly prostrated him before they could be checked with quinine, bismuth, and opium; urine, fifteen ounces.

The next day, at six A. M., while attempting to sit up in bed and lift himself by his hands, he cried out as if in great pain, and fell back instantly dead. An autopsy was refused.

The immediate cause of death was believed by the author to be severe diarrhea, which, supervening on the bad condition of the man, caused heart failure. The absorption of the iodine was the entering wedge, which was followed by the other accidents. Uremia is excluded, from the amount of the urine and the sufficiency of urea. The author's conclusion is that the open operation, that is, free incision, with stitching of the parietal layer of the tunic to the integument, and the introduction of a drainage-tube into the cavity, is the safest and surest operation.

Compound Fracture of the Thigh in a Newly-born Infant Caused by the Use of the Blunt Hook; Recovery.—About twelve months ago I was called to see a young woman in her first confinement. Upon examination the os uteri was found fully dilated, and the breech just entering the pelvis. I examined, about an hour afterward, and found the breech firmly impacted in the pelvis, the pains being very strong and regular. I determined to wait for a couple of hours to see what nature would accomplish. When I again examined, after the lapse of three hours, I found that there had been no advance. The pains were now beginning to grow weaker, and there were evident signs of exhaustion setting in. I therefore determined to effect delivery by use of the blunt hook, which I now applied round the right thigh. The woman was very restless, tossing about in the bed. The midwife became very much frightened and left me, so that, being left alone, I was unable to control the patient. When at length, after considerable difficulty, the child was born, it was found to have sustained a compound fracture of the right femur immediately below the trochanter, the lower end of the bone projecting through the wound to the extent of about an inch. At the time I thought the case hopeless. However, I lost no time in putting the fracture up in card-board splints, and then placed the infant in a rocking chair, which served instead of a cradle, tying the leg up to a bar placed across the arms of the chair at a right angle to the body, which itself acted as a counter extending force. By removing the bars at the back of the chair absolute cleanliness was insured to the child, with perfect immobility of the fracture, while the rocking of the chair soothed the infant, yet in no way disturbed the fracture. After remaining in this position

for two weeks the splints were removed, when the fracture was found to be firmly united, but a calico bandage was then applied for a few weeks longer. The child, which at the present time is a little over a year in age, is now running about and has no deformity or shortening.

I think this case worth recording, as such accidents are rare, and complete recovery after such accidents must be rarer still. I have used the blunt hook upon many occasions, but never before had such an accident happened to me; and in this case I attribute it to the restlessness of the patient.

It may be said, "Had chloroform been used such an accident would not have occurred." True; but as I do not generally use chloroform with bush patients I had none with me, and even if I had I do not think it would have been prudent to have used it, having no one to administer it and no one to help me in case of accident.—*A. A. Johnson, M.K.R.C.P.I., in Australasian Medical Gazette.*

A Preventive for Infant Mortality. Science in its last issue states, on the authority of a German scientific journal, that milk preserved by what is known to chemists as Scherff's process possesses certain qualities which make it exceptionably useful for sick infants. This process consists in simply putting new milk without any addition into glass bottles, stoppering, and then heating by steam for one or two hours to a temperature from 212° to 248°, under a pressure of from two to four atmospheres. The London Chemical News, in announcing last year Martiny's examination of the milk thus treated, said: "The milk is thus not merely rendered capable of preservation, but the caseine is peptonized, so that in contact with the gastric juice it is converted into fine, easily divisible and digestible flocks, as in the milk of a non-ruminant animal." Another excellence of Scherff's milk is that the virus of foot-and-mouth disease and tuberculosis, with all germs, is destroyed by the heating.

The caseine of human milk is slightly alkaline and coagulates in light flocculi in the infantile stomach, so as to be readily acted on by the digestive fluids, while cow's milk, even when fresh, is feebly acid and is apt to form large and firm coagula. Cow's milk treated by the Scherff's process, however, according to the German authority quoted, is not coagulated by rennet, and whenever acidified or allowed to sour yields "a fine granular coagulum," which the infant can digest without distress. It is apparent that this new milk is the nearest approximation now known to nature's food for infants; and when the latter is wanting, as it too often is, the former should be the best substitute.

The terrible infantile mortality during the "heated term" in our large cities is undoubtedly owing largely to the injudicious use of cow's milk and to the impure quality of the article. But this simple process of rendering cow's milk harmless seems to offer a summer diet for infants which, while not expensive, would, if generally used, greatly reduce the death-rate. "The good results obtained by its use for sick children," says this foreign journal, "are ascribed to the granular coagulum which it yields in the stomach and its freedom from germs.—*The Proceedings.*

Injections into the Uterine Tissue.—Dr. Schücking proposes to treat certain maladies of the uterus by injecting the medicament directly into the substance of the organ. We believe that this expedient, which he brings forward as new (*Berliner klin. Wochen.*), has been often employed in this country. The advantages of this method are two: it is local; it causes much less pain than subcutaneous injections. The remedies so employed are ergotin, Fowler's or Pearson's solution of arsenic, tincture of iodine, carbolic acid, and some other agents. The principal diseases thus treated are subinvolution, chronic metritis, fibroids, and some forms of displacement. For the performance of this operation the ordinary hypodermic syringe suffices, but the needle must have the necessary length to reach through the speculum into the uterus. Only concentrated solutions are suitable, since the tissue of the organ is too compact to admit more than a few minims.

That this method is not a mere fancy is proved by its employment in this city at the present time. We happen to know that a competent and enterprising female physician is using in this way a solution of carbolic acid, five per cent in strength, for the relief of uterine cancer. The solution is freely injected into the tissue immediately subjacent the cancerous mass. Too short a time has transpired to permit any opinion as to the ultimate result of this method. It has, however, removed the very severe pain which the poor patients were suffering.—*Obstetric Gazette.*

CONCEPTION DURING AMENORRHEA.—Dr. André Petit (*Annales de Gynecologie*), after detailing carefully some twenty-four cases, arrives at the following conclusions:

1. If, in the adult woman of normal constitution, there is no menstrual discharge in the absence of the ovaries or of the physiological action of these organs, ovulation, on the contrary, can take place in certain cases without the discharge of blood, which is the external phenomenon of menstruation.

2. The cases cited do not furnish an argument in favor of the theory of disjunction between ovulation and menstruation. The latter, normally dependent on ovulation, may sometimes be at fault when there exists in the woman a local or general cause which makes it impossible for the uterus to furnish the elements of a hemorrhage under the exciting influence of the ovary.

3. Amenorrhea under these circumstances is not an indication of sterility. There exists a large number of cases of pregnancy occurring during amenorrhea.

4. The physician should seek with the greatest care the cause of the amenorrhea, to be able to declare understandingly regarding the aptitude for marriage and fecundation of young girls suffering from this affection.—*Medical Progress.*

A RARE FORM OF OBSTRUCTED LABOR.—Mrs. J., aged forty-two, remarkably well developed and muscular. She had already given birth to eleven children. Her labors had always been short and easy, and she had ever been strong and healthy. Her last menstruation occurred in the latter part of April the preceding year. She was even certain as to the period of quickening. Her present pregnancy was rendered very uncomfortable, and at times painful, by great swelling of the lower extremities, which also soon became the seat of marked and extensive varicosities. Some weeks prior to the expected time of labor, she had a severe attack of general bronchitis of both lungs, from which she had just recovered when labor set in. During this illness, which confined her to bed for some time, there was not much improvement in the varicosity of the lower limbs. This was explained by the great impediment to the return of venous blood caused by the bronchial inflammation and the frequent and severe paroxysms of cough.

At midnight on the 22d of January past I was summoned to her house, and was told she was in labor. On my arrival, the os uteri was found very high up, and but slightly dilated, the amnion not yet ruptured, and the bag of waters just beginning to form. The pains were regular, but not expulsive.

The lower limbs were much swollen and varicose. The labia majora were a good deal larger than normal, and, owing to varicosity, felt under the finger as if they contained bundles of large worms. In the course of two hours the os was found more dilated, and the bag of waters formed. The head presented in the left occipito-anterior position.

The pains had become strong and regular and quite frequent, but the head had made no progress. With each pain the labia became more and more turgid, and the veins of the vagina felt large and cordlike. The passages continued moist and free from heat. The mother's strength remained good.

At noon the bag of waters broke; the head was fully flexed, but rotation had not been completed. The labia had now increased so much that each was the size of my fist, and the canal of the vagina had been so much encroached upon that its caliber was much diminished. With each pain more blood was forced into these parts. The distension steadily augmented in spite of the support given by means of the hand holding a folded towel and steadily pressed against the labia during each pain.

The uterine contractions were still strong and regular. That the labor did not progress was evidently not due to failure of expulsive force but to obstruction to the passage of the fetal head, caused by the enormous varicose swelling of the vagina and vulva. At two o'clock P.M. the fetal heart was heard, quite distinct and regular, about 130, but the head had made but little progress and was still encircled by the fully dilated cervix. The mother's strength, however, began to flag, her spirits drooped, and the pulse became frequent and small. Further delay seemed dangerous. The veins, distended to the utmost, might at any moment give way in some place, and the risk of a thrombus would thus be incurred. That this is not trifling is shown by Blot, who found that out of nineteen cases five proved fatal, and that all the children of the mothers who died were still-born. Even if no obstruction had existed, the general condition of the patient was such as to demand immediate relief. The obstruction so encroached upon the vulva and

vagina that it was with difficulty the hand could be passed up for the introduction of the blades of the forceps. Its application was somewhat difficult, but was at last accomplished. The blades entered the uterine cavity. I proceeded to extract slowly, making counter-pressure, at the same time causing counter-pressure to be made upon the varicose external parts. Delivery was completed without much trouble or loss of time. The child, a male, was not above the average size and was alive and in good condition. The placenta was delivered in a few moments. No injury occurred to the maternal parts. The enlargement of the labia and vagina rapidly subsided after the child had been born, and by the third day there was hardly any swelling left; in a week it had entirely disappeared. The mother made a good recovery and the child lived and did well.

Edema of the labia and vagina is occasionally so great as to impede labor, and this is generally mentioned by obstetric writers as one of the causes of dystocia. Thrombus of the vulva sometimes occurs, and may constitute an obstruction to the passage of the child. It does not, however, appear to be associated with marked varicosity, but to have been produced by the bursting of a vein under extreme blood-pressure during the pains. Such excessive varicosity as to constitute a formidable obstruction to the progress of labor must be quite rare. I can not recall any mention of such a case either by systematic writers or in periodical literature.

In the above case the woman would have sunk into powerless labor and exhaustion had she not been delivered by art. It is also probable that if the labor had been more protracted the child would have been born dead. The most imminent danger in such cases as this is probably thrombus. The treatment which I would adopt in a similar case would be, (1) To give steady support to the varicose parts by means of a properly folded towel pressed firmly against the labia both during and between the pains. This should be done in order to prevent further swelling and to guard against thrombus. (2) To deliver early with the forceps if the varicose enlargement appeared to offer marked obstruction to the progress of the fetal head.—*Dr. John A. Octerlony, in American Practitioner.*

A new violet color has received the name Aetheroxynitroanthrachinonsulphuric acid.

Typho-Malaria.—Marsh malaria, as we often meet with it (The Medical Record) does not come solely from vegetable decomposition, for a more or less animal element is too often combined with it. To say nothing of the small insects, worms, reptiles, etc., which die in large quantities with decaying vegetation, there is often soakage from privies, manure pits, drainage from kitchen sinks, and exhalations from obstructed house-drains. Again, to the borders of marshes, ponds, and sluggish streams, much house and stable refuse is apt to find its way. Then what, for want of a better term, we call a *typho-malarial* disorder arises, frequently so regular or so marked that it is often supposed to be purely miasmatic malarial; yet it withstands quinine. Some of these cases will yield at once to arsenic, sometimes aided by quinine and sometimes not. Carbolic acid is probably useless, but iodine is often available, and also bromine.

Anti-Spree Mixture (New Remedies):

Pepsin, pure (in scales), . . .	20 parts;
Water, ...	2,000 "
Hydrochloric acid, ...	15 "
Oil of sassafras, ...	6 "

Mix: Shake well. Take a tablespoonful hourly.

Half-ounce doses of liq. ammon. acetatis, at intervals of two to four hours, in water, is a favorite in many hospitals, and three drops of tincture of nux vomica, in a little water, taken every hour, is a good remedy for bracing up on. These mixtures are chiefly serviceable for quieting the disturbed stomach, but are of little value in relieving the disorganization of the nervous system that ends in delirium.

Traction Suture.—Dr. Allis, in the Annals of Anatomy and Surgery, says that when a large portion of integument has been cut away, as in removal of the female breast, the healthy borders sometimes can not be fully approximated; and even an attempt to do so is accompanied with such a degree of tension that the sutures soon cut their way out. To distribute this tension, after drying the skin thoroughly, he applies strips of adhesive plaster from the margin of the wound in the direction he wishes the sutures to hold. He then passes his needle deeply through plaster and skin. After the sutures are in position, and before tightening them, he requests an assistant to approximate the margins of the wound by pressure from his hands, while he secures them by twisting the wire.

Sutures employed in this manner have a firm hold upon the plaster, exert their traction upon a large surface, are less irritating and harmful, and will continue an efficient action much longer than the ordinary integument sutures.

SOLID ALCOHOL.—A French chemist, by liquefying ethylene (olefiant gas) and then causing it to boil, produced a temperature of —157° F. By holding liquid ethylene in a vacuum, another experimenter succeeded in producing the rather cool temperature of —212.8° F. In this latter temperature alcohol and bisulphide of carbon were congealed, and oxygen and nitrogen reduced to liquids. Solid alcohol becomes whitish, liquid oxygen transparent, colorless, and ozone deep blue.

A NEW and valuable injection for gonorrhea and gleet, says the Therapeutic Gazette, is a solution of one grain of corrosive sublimate in six ounces of water. In a case of gleet that had defied the best skill for two years, this injection was used, the first six-ounce bottle causing complete stoppage of any outward indications, the second six-ounce making a complete cure, in this way verifying the statement that permanent cures resulted.

ODORLESS IPECAC.—To some persons the odor of ipecac in its liquid preparations is very repulsive, while they can not bear the dust of powdered ipecac. Stearns's New Idea says that a liquid preparation without odor can be made by exhausting ipecac root with ether.

FOR GLEET.—Dr. W. Anderson recommends the following (Lancet): Santonin, sacchari lactis, each five grains; tere bene, et ft. pulv. To be taken twice a day, fasting, in milk.

IRON-RUST SPOT REMOVER (New Idea):

Cream of tartar, ... 50 parts;
Binoxalate of potas., powdered, .50 "
Oil of rosemary, ... 1 part.
Rub to powder and mix well.

Moisten the spot, place on a heated tin plate and rub with the moistened powder.

TREATMENT OF BROMIDROSIS OF THE FEET. Dr. Vieusse commends (*Revue Médicale*) frictions of the part with subnitrate of bismuth in powder. He has never seen any evil results following the rapid suppression of the hyperidrosis. Sometimes the bismuth causes only temporary relief in hyperidrosis, but it cures permanently the bad odor and the tenderness of the feet, which are the chief causes of complaint.

THE CONTAGIOUSNESS OF PHTHISIS.—One of the evil results of the recent discoveries concerning the nature of tuberculosis has been the strengthening of previously only vaguely entertained suspicions of the contagiousness of phthisis. Since it has been conclusively shown that, with tuberculosis, there is found associated a micro-organism, many have rushed to the rash conclusion that it must of necessity be contagious. Others have even gone so far as to insist upon the strict isolation of all consumptives. But while it is true that the disease may, under certain circumstances, be communicated from the sick to those about them, every-day experience teaches us that such occurrences are exceptional, and certainly far too rare to justify the cruelty of excluding such poor sufferers from grateful companionship with their fellow-creatures.

It is quite pertinent to refer here to the work done by the Collective Investigation Committee. Concerning it the British Medical Journal says: "A large amount of impressive evidence is forthcoming, that persons who are free from hereditary predisposition may acquire phthisis by being brought into very close personal contact, and especially from sleeping with phthisical patients; but the precise conditions under which the disease is communicated have yet to be studied. While this is perfectly true, it must also be remembered that communication is rather the exception than the rule, and that, while it suggests the precautions of good ventilation, disinfection of air and sputa, and separate beds, sufferers from this disease may be tended with comparatively little risk."

It may also be of interest in this connection to allude briefly to the results of some experiments recently undertaken by Drs. Celli and Guarneiri, and published in the *Gazetta degli Ospitali*. These investigators were unable, after the most careful search, to find tubercle bacilli in the air of an unventilated room in which phthisical patients had been sleeping. The expired breath of these patients was likewise found to be entirely free from bacterial contamination. Nor could the specific micro-organisms be discovered in air which had been passed through the sputa of tuberculous patients,

although in every case the expectorations were found to contain them in large numbers. They were also unsuccessful in attempts at inoculation with fluids impregnated with this presumably vitiated atmosphere. It would thus appear that the fears of those who lay too much stress on *a priori* reasoning and too little on the facts of common experience are to be treated as an exaggeration of morbid apprehensiveness.

Injections of Blood into the Pleural Cavity.—Dr. Bernardino Silva relates, in the *Revista Clinica* for October and November, 1883, some experiments made by him upon animals to determine the amount of absorption of defibrinated blood injected into the pleural cavity. His experiments were ten in number, made upon rabbits, and led him to formulate the following conclusions: (1) Absorption of defibrinated blood proceeds through the pleura as well as through the peritoneum; (2) the effects of the injection of homogeneous blood (rabbit's blood was used in all the experiments) are seen in an increase in hemoglobin and in the number of red globules within four or five hours after the injection, and are prolonged for more than four days afterward; (3) the greatest increase in hemoglobin takes place within the first twenty-four hours; (4) the absorption of hemoglobin is greatest when the quantity of blood injected is small. If so much blood is injected as to produce atelectasis no increase of hemoglobin is observed; (5) the transfusion of blood into the pleural cavity causes an increase in the excretion of urea—an increase, however, which is preceded by a diminution during the first twenty-four hours. This last conclusion, the author says, needs further confirmation. In a note at the end of his article Dr. Silva states that Professor Bozzolo has made an inter-pleural transfusion in the human subject, with beneficial results, in a case of anemia complicated with malaria cachexia, ascites, anasarca, and albuminuria.

Fracture of the Skull by Contre-coup in the Fetus.—This accident has been hitherto regarded as impossible, owing to the peculiar formation of the cranium of the new-born. Dr. Pericle Sacchi has, however, recently made some experiments (*Journal de Médecine de Paris*, November 17, 1883), which go to prove that fracture of the skull may, under certain conditions, be produced by contre-coup in the fetus.

Hypertrophy of the Heart—Diaphanous Inter-ventricular Septum.—Dr. Robinson, in New York Medical Record, reports a heart removed from the body of a man who was admitted December 20, 1883, to St. Luke's Hospital, suffering from pulmonary tuberculosis. Nothing abnormal concerning the heart was discovered before death.

At the autopsy the heart was found enlarged, fatty, but the valves were competent. The muscular tissue had undergone fatty degeneration. The inter-ventricular septum at its upper portion was composed of fibrous tissue and was diaphanous. There were cavities in the lungs, and also miliary tubercles. There were tubercles in the kidneys. There was one ulcer in the jejunum. The liver was fatty and anemic.

A Ready Means for Cauterizing Poisoned Wounds.—Dr. Moser recently presented to the Paris Academy of Medicine a little invention of his which he called the *crayon-feu*, for ready use in the application of the actual cautery to poisoned wounds from the bites of venomous snakes, mad dogs, etc. It consisted in a little cylinder with sharpened extremity, inclosed in a case which also contained matches for lighting it. The composition of the stick is as follows: Powdered charcoal, thirty grams; nitrate of potassium, four grams; iron powder, five grams; benzoin, one gram; agglutinating powder, q. s. To be made into forty crayons. These sticks are hard and burn readily and for a sufficient time to cauterize the wound.

Icterus during Pregnancy.—At a recent meeting of the Académie de Médecine, Dr. Queirel presented a communication upon the etiology of jaundice occurring during pregnancy. He mentioned three varieties: (1) That occurring at the beginning of pregnancy, and dependent upon a morbid state of the alimentary canal; (2) icterus occurring toward the end of pregnancy, due to compression of the excretory ducts; (3) jaundice at any period of pregnancy, depending on disease of the liver itself.

ARMY MEDICAL INTELLIGENCE.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U.S.A., from February 2, to February 9, 1884:

Barnett, Richards, Captain and Assistant Surgeon, granted leave of absence for six months on account of disability. (Par. 8, S. O. 13, A. G. O., January 16, 1884.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, FEBRUARY 23, 1884.

Original.

THE PREVENTION OF OPIUM ADDICTION,

With Special Reference to the Value of Electricity in the Treatment of Neuralgic Headache.

BY J. B. MATTISON, M. D.

In a paper by the writer, on "The Responsibility of the Profession in the Production of Opium Addiction," read before the American Association for the Cure of Inebriates, it was asserted, in conclusion: "The prevention of disease ranks higher than its cure, and in the entire realm of prophylatic medicine we know of few better opportunities for brilliant achievements than this."

Enlarged experience, devoted exclusively to the study and treatment of this disease, confirms that statement, and impresses us more and more with the belief that wisely-directed measures for the relief of painful disorders, which so often stand as factors in the etiology of opium addiction would, by a less lavish use of opiates, without doubt largely limit its extent.

Of all genetic influences in the rise of this neurosis, neuralgia, in one or other of its protean forms, leads the list. Why this is, and for the reason that it so often ends in an opiate abuse, the reader is referred to the paper above noted, and "The Impending Danger," reprints of which may be had if desired.

It is not our present purpose to discuss the general therapeutics of neuralgia. For this, we can do the reader no greater service than to refer him to a work that, so far as we know, has not an equal, and without which no physician can consider himself abreast the times in the management of this hydra-headed disorder. The book to which we allude is "Neuralgia and the Diseases that Resemble it," by the lamented Anstie, of London, a volume which will long remain as a monument to the genius and study of its gifted author. No medical library is well equipped without it, and, at the marvelously low price of one dime, for which it can now be purchased, no excuse exists for failure to secure it.

Nor is this paper intended to present in detail the prophylaxis of opium addiction. We desire, the rather, to direct special attention to the value of electricity in the galvanic current for the relief of neuralgic headache. In a paper on "Opium Addiction among Medical Men" (Medical Record, June 9, 1883), in reviewing its causes, this was asserted to be the most frequent. Any thing, therefore, bearing on this special point would seem to be pertinent to this paper, and if its reading prompts to a trial of what we commend, we shall be quite content. Bartholow, in his "Medical Electricity," says, "There is no fact more certain than the power of galvanism to relieve pain;" and Anstie, in the work cited, asserts, "The constant current, as I now estimate it, is a remedy for neuralgia unapproached in power by any other, save only blistering and hypodermic morphia, and even the latter is often surpassed by it in permanence of effect; while it is also applicable in not a few cases where blistering would be useless or worse."

So far as our experience with neuralgic headache extends it is fully in accord with this opinion. We place galvanism in the fore-front of remedial measures. Its easy application, prompt effect, and entire freedom from the unpleasant sequelæ so often attending hypodermic morphia, its nearest rival, are the special points in its favor. It can not be called a specific—we have none; but it approaches it more closely than any thing we know of, and the cases which prove utterly unyielding to its proper use will, we think, be found to be few. Nor can it always be called curative, in the sense that it

alone suffices to arrest an attack and prevent its recurrence. Such cases sometimes occur—Anstie cites them—and they are elsewhere noted; but in most instances a general treatment devoted to a bettering of the impaired nerve status, central galvanization, cod-liver oil, arsenic, phosphorus, and other tonics will be found essential to complete the cure.

But it is as an *aborter*, so to speak, of neuralgic headache, as an obviator of a resort to some form of opiate—which, in the *ex-habitué*, is of paramount importance—that it proves a most precious resource and attests its claim to greatest value. The battery we employ is the "Bartlett," made by the Galvano-Faradic Company, New York. It is simple, easily managed, and does its work well. Our manner of using it is to apply the positive pole to the nape of the neck and the negative pole over the seat of pain. Experience, however, proves this plan, or the electrodes reversed, a point of no great importance. Bartholow says, "in practice the direction of the current seems of little moment, pain being relieved in what direction soever the current is passing." Buzzard, Reynolds, and others agree with this, and Anstie asserts, "it is, however, very doubtful to me whether, in the majority of cases, the direction of the current makes any considerable difference in its effects, provided only that the stream is fairly directed and care is taken to apply it with sufficient persistence and with not too great intensity." We suggest, however, that where the method stated does not relieve, a trial be made with the poles reversed. If the pain be fixed, the cathode should be kept on the painful point—stabile application; but if, as sometimes occurs, after having been applied a few minutes it subsides to re-appear in a near locality, the electrode can be moved over the surface to the new site, rather than abruptly withdrawn and re-applied. The sponges should be well wet with warm water, to which salt may be added if required. The strength of current is of prime importance. It should never be painful, merely sufficient to produce a little tingling or, if long-applied, slight burning and redness under the stronger pole. This effect we have secured with three to six cells of the "Bartlett," any thing more powerful may cause an instant and intense increase of pain, or a sudden vertigo that both annoys and alarms, to say nothing of more serious effect on the brain. The duration of the current varies. Opinions differ regarding it. Anstie and Eulenberg agree in saying that "at the utmost fifteen minutes is almost the range of time." We have usually found that within this period there is partial or entire subsidence of pain, but we never hesitate to continue the current longer if required until the relief is complete, or so decided as to no longer demand it. One case is recalled where the attack had persisted four days. A four-cell current was applied for fifteen minutes without effect, one cell added caused an instant and intense increase of pain, with flashings of light, warning us that the current was too strong. The original strength was resumed, and fifteen minutes further application gave entire relief. Another instance showed decrease of pain in ten minutes, but a full half hour passed before complete success.

Two cases, among others, give clinical proof. Mr. A. had for more than a decade been the victim of neuralgic headache. Various remedies were made use of with more or less relief, and at last resort was had to hypodermic morphia. This controlled the pain, but, as so often occurs, it in time created a demand for continued taking, and after some years' addiction he came under our care. It was during this time that we noted the effect of the galvanic current, which in more than one instance was made use of, and invariably with good result. Applied in the manner we have described, it never failed within fifteen minutes to afford the desired relief. Patient declared it to be "the remedy for which he had fifteen years been searching," and so firm was his faith in its value that, after his return home, we ordered a "Bartlett" sent him, which he has since used with good effect. Later his physician wrote us: "Last night we had our first encounter with the neuralgic headache, and we conquered. He sent for me, and had been suffering then three hours; was nearly wild with pain. I applied the galvanic current fifteen minutes, when he slept half an hour. Awoke with some pain. Another quarter hour of galvanism dispelled it, and he slept till morning. I am quite elated with the effects of the battery in his case."

This is a patient for whom general roborant treatment, may be for quite a time, will be essential to overcome the tendency to his neuralgic outbreaks; but, in the meantime, the galvanic current proves itself of signal service to arrest the attacks, the very recurrence of which, by the nervous exhaustion they induce, tend to continue the

disease, and are most likely to be the strongest factor in the danger of relapse.

Mr. B. became an *habitué* from the use of morphia hypodermically to relieve rheumatic pain. He applied to us for treatment, recovered, and is now abroad. During his convalescence he was seized with an attack of headache which increased to an intense degree. The man was almost beside himself, quite dazed with the pain, which was of the clavus-like order. With a five-cell current the electrodes were applied as advised. In ten minutes relief began and the pain shifted its site. Following it up the current was continued twenty minutes longer, when success was complete. The attack did not recur. We never saw a more striking instance of galvanic good.

Should this paper induce any to make trial of the constant current, we shall deem it a special courtesy if they will kindly report us results.

BROOKLYN, N. Y.

Miscellany.

THE TRIALS OF A COUNTRY PRACTITIONER IN A COLD REGION.—Dr. T. J. Hutton, of Fergus Falls, Minn., writes, in the Medical Record: "Your postal received. In reply, I have consulted many to-day as to the temperature on the night of January 17, 1883. All agree that it must have been somewhat lower still than —60° on that night, for at ten o'clock in the forenoon of the 18th the spirit thermometers, which indicate but —52°, were still congealed. On the night of the 4th inst. it must have run equally low, for at eleven A. M. it recorded —44°. My dear doctor, we are accustomed to such 'airs,' but as it seems to have for you an element of novelty, I inclose you an old photograph of myself about to go on one of these country calls. And if we met, and you had an hour or two of leisure, I could treat you to many queer experiences on such calls—especially such midnight calls. How many times I have resorted to natural language — no interpreter within twenty miles! How often I have slept in a sour, greasy, buggy-bed! How often the rooster, crowing—perched on the foot of the bed—has awoke me in the morning! How often missed meals, so filthy the houses—hotels twenty miles distant! How often so benumbed in long midnight midwinter rides that I could not even get out my pocket-flask, so stiff my hands and fingers! How often lost by night on the prairie—in winter, too—whew! it makes my own blood curdle even now—for I will no more out winter nights—getting lost by day is bad enough in winter. My last 'lost' was last Friday, returning twenty miles from a diphtheria call. The road taken made the return trip over thirty miles. Sat five hours and thirty-five minutes in the cutter, temperature 30° below—but that was mild! Truly

"'Who never ate his bread in sorrow,
Who never spent the midnight hours
Weeping and watching for the morrow—
He knows not you, ye unseen powers.'"

THE NEW MEDICAL LAW OF VIRGINIA.—An act for regulating the practice of medicine in the State of Virginia has very recently passed both branches of the legislature, received the approval of the Governor, and therefore become a law. A letter from one of the most eminent members of the profession in that State gives the more important features of the act as follows:

"Let it now suffice to state that it requires all applicants, including graduates of any and every medical school, to undergo an examination before a Licensing Board, which shall consist of men learned in medicine and surgery, and shall be appointed by the Governor from a list of names to be recommended by the Medical Society of Virginia. This Society is composed of the best elements of the profession in our State, zealous for the best interests of the profession, and completely independent of the medical schools in the State, whose graduates will be required to undergo the same examination as other applicants. This system has worked well in Alabama, where most of the rejected applicants have been graduates of legally established medical schools. I have always thought that whatever might be the influence of the example of a few exceptional schools, there could be no general reform until there was an entire divorce of the schools and the licensing authorities."

We congratulate our Virginia brethren on having a law for regulating the practice of medicine that does not nullify itself by recognizing a diploma from every institution called a medical college as sufficient evidence of fitness on the part of its possessor to practice medicine.—*Journal American Medical Association.*

EARLY RISING.—The proper time to rise is when sleep, properly so-called, ends.

Dozing is not admissible from any reasonable or health point of view. (The Lancet.) The brain falls into the state we call sleep, and the other organs of the body follow it. True sleep is the aggregate of sleeps. In other words, sleep, which must be a natural function, that is, physiological instead of pathological or induced by disease or drugs, is a state which consists in the sleeping or *rest* of all the several parts of the organism. Sometimes one and at other times another part of the body as a whole may be the the least fatigued and so the first to awake, or the most exhausted, and therefore the most difficult to arouse. The secret of good sleep is—the physiological conditions of *rest* being established—to so work and weary the several parts of the organism as to give them a proportionally equal need of rest at the same moment. The cerebrum or mind-organ, the sense organs, the muscular system, and the viscera should all be ready to sleep together, and, so far as may be possible, they should be equally tired. To wake early and feel ready to rise, this fair and equal start of the sleepers should be secured; and the wise self-manager should not allow a drowsy feeling of the consciousness, or weary senses, or an exhausted muscular system, to beguile him into the folly of going to sleep again when once his consciousness has been aroused. After a very few days of self-discipline the man who resolves not to "doze," that is, to allow some still sleepy part of his body to keep him in bed after his brain has once awakened, will find himself, without knowing how, an "early riser."

Stammering.—An item is going the rounds of the secular press concerning the remarkable cure of a case of stammering. (Medical Bulletin.) The victim of this affection had always been a sufferer, and until he read a selection from Dr. Dio Lewis, in the Public Ledger of this city, he had been led to believe that there was no cure, and that if others grinned he must bear it. According to the instructions of the Doctor, he began by beating time with his fingers or toes, or whatever was most convenient, so that some particular movement was made with the enunciation of each syllable which he attempted to utter, and he was shortly rewarded by a marked improvement. Just about this time he attended church—the record does not say that this was the first time—but while listening to the outbursts of eloquence from a distinguished clergyman, he was greatly impressed with the idea that he had discovered a cue which was even more valuable than the one he had obtained from Dio Lewis. On putting his theory into practice it was found that his prognostications were correct, and now he talks with the volubility of an auctioneer. The secret he intends to keep, but he has agreed to instruct a few of his fellow-sufferers, and the main body of the great army of stammerers will come to a halt in the hope that he may be prevailed upon to attend church again.

It should not be allowed to go without contradiction, this idea that stammering is an incurable malady, as many cases can be greatly benefited, if not cured entirely, by faithful attention to certain principles, some of which may be mentioned. It is well known that, no matter how much of an impediment there may be in one's speech when he attempts to talk, when he essays a song there is not the least difficulty. The points to be observed here are that singing requires the keeping of time, and besides the sounds are run together. Close observers have not failed to notice the comparatively small number of Germans who are afflicted in this way, and the reason for this condition will be readily understood when it is recollected that the German is one of the most perfect specimens of an agglutinative language which we possess. There is about it a peculiar softness and euphonious melody which is in striking contrast with the loud sonorous sounds of the Italian language. If these unfortunate subjects can be induced to take an interest in the measures which will be apparent from these suggestions, and will practice by repeating couplets or stanzas which are suitable, the advantages to be derived from it will soon be evident, but it requires patience and perseverance.

It was n't He.—A medical examination of John Coulter, who died recently at the Royal Hospital, Belfast, disclosed the remarkable fact that the deceased was a woman. John, or Johanna, as perhaps she ought now to be called, was fifty years old at the time of her death. She had for twelve years been employed as a laborer at Belfast Harbor. Thirty-five years ago she worked as a male servant on a farm, near Dungannon, where she made love to and married the farmer's daughter, to whom she was a faithful husband for twenty-nine years. At the end of this time the husband fell into dissipation and the parties separated by

mutual agreement. The wife, it would seem, had never lost interest in her erring mate, as she promptly appeared at the inquest, and demanded the body of her "lord" for burial. It is stated that the deceased showed no sign of having ever borne children. If the so-called wife, in this erratic pair, is not more than she seems to be, this may be regarded as the most remarkable instance of Lesbian love which has come to light in these degenerate days.

Poisoning by Carbolic Acid.—In commenting upon a case of recovery after internal administration of four drams of "thirty per cent crude carbolic acid," a correspondent of the Lancet says: We are of opinion that the absence of fatal results must be chiefly attributed to the fact that the thirty per cent carbolic acid was in combination with tar oils, and thus rendered incapable of being absorbed by the tissues or assimilated in the stomach. From a similar cause or reason the so-called "thirty-per-cent carbolic acids" are found practically inert as disinfecting agents. We had an analogous case reported to us last August, and examined the article administered, which we found to consist largely of tar oils.

The lectures delivered by Mr. Jonathan Hutchinson two years ago at the Royal College of Surgeons, on "Temperament and Idiosyncrasy," have just been published in a collected form under the title, "The Pedigree of Disease." In a prefatory note, Mr. Hutchinson explains that the present issue is a reprint of the lectures as they appeared "in one of the medical journals." For the information of those who may wish to know the fact, we may add that the name of the journal referred to is the *Medical Press and Circular.*

Dr. G. A. Popow (Medical Times and Gazette), one of the assistant physicians of Prince Peter von Oldenburg's Children's Hospital, St. Petersburg, while engaged in examining the throat of a bad case of diphtheria, received on his lips and face some of the secretions from the child's mouth. In spite of the most careful cleansing, he was seized next day with shivering and the first symptoms of an attack of diphtheria, which within five days proved fatal.

Lawson Tait recommends the radical cure of all kinds of hernia by abdominal section. After reducing the hernia he pares the edges of the hernial opening and sews it up, thus producing a radical cure. He thinks the future of this operation is certain. The cases he operates upon are those having ovarian disease, but he thinks that the same procedure is fitting for uncomplicated cases of hernia.—*Detroit Lancet.*

A Medical Veteran.—One of the oldest general practitioners in England, Mr. Evershed, of Billingshurst, Sussex, died recently at the age of ninety-two. He began practice in 1813, and followed this vocation for fifty years. "He was a great lover of nature, a capital horseman and an enthusiastic fox hunter, riding to hounds usually once or twice a week, and riding well forward up to his eighty-second year."

Indorsements of Medical Preparations.—The St. Louis, Mo., Society has adopted the following resolution: "That it is a violation of the code of ethics to indorse publicly preparations of any kind, at least, in the usual fashion, to permit the names of the indorser to accompany the advertisement of the remedies, whether they be nostrums or not, of known or unknown ingredients."

A Hint.—Dr. Clevenger, of this city, suggests, as a ready means of ascertaining the existence and location of small abrasions, needing a touch of the caustic before holding a post-mortem examination, the holding of the hands over strong aqua ammonia for a moment, when the smarting will quickly reveal all the sensitive or abraded places, however minute.—*Journal American Medical Association.*

The Second Annual Meeting of the Alumni Society of the Medical Department of the University of Louisville, will be held in the College Building, corner of Eighth and Chestnut Sts., Louisville, Ky., on Wednesday, February 27, 1884, at 7:30 P. M.

The alumni address will be part of the commencement exercises of the University, and will be delivered by H. K. Pusey, M. D. (Class of 1848-9), at Opera House, on Thursday, February 28, at 2:30 P. M.

Colemam Rogers, M. D.,
President.

E. P. Easley, M. D.,
Secretary.

F. C. Leber, M. D.,
P. B. Scott, M. D.,
H. M. Pusey, M. D.,
Committee of Arrangements.

Death in Lobelia. — On Saturday last (Medical Times, Jan. 26th), William Wallis, herbalist, was committed for trial on a charge of manslaughter, by administering lobelia as a medicine for a chest complaint. More than twenty years ago another herbalist, by the same insane method of treatment, all but succeeded in cutting off twenty years of a life which England could ill have spared. In his delightful biography of the late Professor Palmer, Mr. Besant tells us that, when Palmer was a young man of nineteen, he was seized with symptoms of consumption, and his case was declared hopeless. Given over by the faculty, he was persuaded to follow the treatment recommended by a Cambridge herbalist, which consisted in taking a single very strong dose of lobelia. The result was that he "was first seized with a violent attack of vomiting, then a cold chill laid hold of his feet and slowly mounted upward; it froze his limbs, which he could no longer move, and struck his heart, which ceased to beat (?), and his throat, which ceased to breathe. They had sent for a doctor by this time. 'I felt myself,' he said, describing this experience, 'I felt myself dying; I was being killed by this dreadful cold spreading all over me. I was quite certain that my last moments had arrived. . . I saw the doctor feeling a pulseless wrist, watch in hand; the cold dews of death were on my forehead; the cold hand of death was on my limbs. Up to my lips, but no higher, I thought I was actually dead, and could see and hear, but not speak, not even when the doctor let my hand fall upon the pillow, and said solemnly, 'He is gone!'" He recovered, however, not only from the poison, but from the disease, and to the end of his life the "lobelia cure" had in him a firm believer. Professor Palmer is admitted by all who knew him to have been of a highly nervous temperament, and it would be difficult to say how much of his apparent death was due to lobelia and how much to "nerves."

A correspondent of the Medical Times and Gazette, in commenting upon some of the dangers to humanity growing out of specialism in medicine, says: "The body is not a mechanical thing, like a gun, in which the stock-maker, the lock-maker, and the barrel-maker can work absolutely irrespective of the others, but is a complex cosmos, with its component parts and forces so correlated as to necessitate a broad view being taken of even an apparently localized disorder." This definition is almost up to the standard of that given by some recent physiologist, who would have us to believe that the body is a complexity of specialized tissues, whose highly differentiated protoplasm is nourished and made subservient to the automatism of the central ganglia through the medium of certain afferent, efferent, and anastomatic co-ordinating bands.

Medical Women in the Olden Time.— It is not only at the present time that the Hippocratic art numbers its disciples among the female sex, for the *ancien regime* was quite familiar with the professional equality which the press of our day chronicles as a novelty. For example, we have only to consult the *Calendrier Historique de la ville de Lyon* for 1735, to find at the end a list of forty-three *maîtres chirurgicus*, and, preceding that of the apothecaries, a list of thirteen widows of surgeons. It would appear that at that period it was admitted that professional knowledge could be transmitted by cohabitation, inasmuch as these widows had the right to practice after the death of their husbands.—*Lyon Medical.*

A Surgical Operation done under Mesmerism. — At a meeting of the New York Anthropological Society, held February 6th, the subject of mesmerism was discussed, and Dr. Jarvis (Boston Medical and Surgical Journal) related a case in which he had successfully employed it as a means for producing anesthesia while he performed a difficult and painful operation upon the subject.

"Maple Sugar."—It is said that the flavor of maple syrup may be communicated to cane or glucose syrup by tincture guaiacum deprived of its resin by precipitation by water. A great deal of the maple sugar and syrup now sold is said to be nearly pure glucose prepared in this way. —*American Druggist.*

The Bacillus Tuberculosis.—For the development of this parasite some *disease or defect* in the pulmonary tissue is necessary. The bacillus tuberculosis *can not establish itself in healthy lung tissue.—British Medical Journal.*

The great Virchow does not believe in the modern doctrines of tuberculosis. He does not think that the bacillus has any causal relation to the disease.—*Lancet.*

The Louisville Medical News.

Vol. XVII. SATURDAY, FEB. 23, 1884. No. 8

L. P. YANDELL, M.D., - - - - - - - }
H. A. COTTELL, M.D., - - - - - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

THE SPECIAL TREATMENT OF MALIGNANT DISEASE.

The first annual report of the New York Skin and Cancer Hospital is before us. This truly philanthropic institution has been in operation since 1882, and though never before tried in this country, the experiment, as shown by the report, has proved a real success. It would seem, from the statistics of cancer in New York City, as quoted in the report, that malignant disease is on the increase. In 1869 there were from this cause three hundred and four deaths; in 1879, five hundred and seventy-two; in 1880, six hundred and fifty-nine (cancer causing during that year more deaths than scarlet fever); in 1881, seven hundred and seven, and in 1882, seven hundred and thirty-one. "During these fourteen years, six thousand eight hundred and forty-three persons died of cancer in New York City."

The above is startling, and calls loudly for the establishment of institutions in which sufferers from this terrible disease may receive all the good obtainable through scientific treatment and special nursing.

The report says that cancer patients are not welcome at general hospitals; and we doubt not that when admitted to such institutions they often miss the special treatment and management which should reduce to the minimum their sufferings during the course of a long, painful, and too often hopeless illness.

Another advantage of cancer hospitals and infirmaries would be their influence in keeping people thus afflicted from falling into the hands of quacks. It is seldom that the family physician, or consulting surgeon, is possessed of an influence which is strong enough, when the "prognosis of despair" is made, to save his patient from falling under the talons of these harpies, who, after submitting the sufferer to cruel treatment, and fobbing all the money in sight, send him home to die, with the statement that he could have been cured if he had only called in time. In view of this lamentable state of things, it is not too much to hope that a well-ordered institution, with a staff of able surgeons, trained nurses, and a corps of well-instructed and philanthropic visitors, might do much to check this eagerness to catch at straws, which, in these desperate sufferers, not only results in an aggravation of misery, but stands as an opprobrium to legitimate medicine.

Another advantage which the cancer hospital presents is, that it would relieve many physicians of a most trying responsibility. For it is probable that not a few doctors, who now undertake the treatment of malignant disease from a sense of duty, would gladly turn their cases over to the care of some trustworthy institution of this kind.

Lastly, it is not unreasonable to hope that, in the systematic study and management of cancer in hospitals set apart for the purpose, many questions now obscure in regard to the nature and etiology of malignant neoplasms may be made clear; and that means of treatment may be devised which, if they do not result in permanent cure, may render less fatal these inveterate destroyers of human life.

Bibliography.

On a New Mode of Operation in Fistula in Ano. By Edward Jenks, M.D., LL.D., of Chicago, Illinois. Reprint from Vol. 8, Gynecological Transactions. 1883.

Is the Extirpation of the Cancerous Uterus a Justifiable Operation? By A. Reeves Jackson, A.M., M.D., Professor of Surgical Diseases of Women and Clinical Gynecology in the College of Physicians and Surgeons, Chicago. Reprint from Vol. 8, Gynecological Transactions. 1883.

The Recent Advances of Sanitary Science. The Relations of Micro-organisms to Disease. Annual address delivered before the American Academy of Medicine, at New York, October 10, 1883. By Henry O. Marcy, A. M., M. D., President of the Academy, Member of the British Medical Association, etc. Philadelphia: 1883.

Study of a Case of Multiple Sarcomata of the Skin. (Myeloma, Mycosis Fungoides, Mycosis Fongoide, Inflammatory Fungoid Neoplasm). By James Nevins Hyde, A.M., M.D. Professor of Skin and Venereal Diseases in Rush Medical College, Chicago. (Read at the Fourth Annual Meeting of the American Dermatological Association, Newport, R. I., 30th August, 1881.) Printed by Oliver Boyd, Edinburgh: 1884.

The Alienist and Neurologist, a quarterly journal of Scientific, Clinical and Forensic Psychiatry and Neurology. On January 1, 1884, this journal entered its fifth volume. With the issue of its first number it was evident to those who read aright, that an organ of destiny had come into the field of journalism. It was not long in reaching the position of commanding influence which it now holds in the literature of psychiatry, and while every western physician who is possessed with a due appreciation of home institutions now points with pride to the Alienist and Neurologist, he must in justice admit that the journal owes its success mainly to the untiring energy and profound scholarship of its accomplished editor in chief, Dr. C. H. Hughes, of St. Louis.

Kentucky Geological Survey and Bureau of Immigration. John R. Proctor, Director. Report of the Progress of the Survey from January, 1882, to January, 1884. By John R. Proctor. Frankfort, Ky: Printed at the Kentucky Yeoman Office. S. I. M. Major, Public Printer. 1884.

This report, though brief, gives evidence of having been prepared with great care, and with the one purpose of awakening an interest in well-timed schemes for the development of our great natural resources. Immigration is encouraged heartily, and a strong argument based upon statistical facts is brought forward to show that the fear of over-population, through this measure, is groundless. No local patriot can fail to profit by a perusal of the pamphlet.

Gunnison, Colorado's Bonanza County. By John K. Hallowell, Geologist. Author's edition; price, 50 cents. Published by the Colorado Museum of Applied Geology and Mineralogy. C. J. Kelly, Printer, Gunnison, Col. 1883.

Any one desiring information relative to one of the most favored regions of the far West, where scenes of awe-inspiring grandeur and ravishing beauty delight the eye of the tourist, while its mines of unfathomable wealth fill the soul of the capitalist, will find pleasure and profit in the perusal of this book.

The author is no dull statistician, but uses the scientific features of the region, which his trained eye was able to see, as the ground work of an able, fresh, and vivid piece of descriptive writing. There is something inexpressibly sublime in the vast wilderness of wealth and beauty which is here brought to view, and one can not contemplate it without a sense of prophetic rapture, as the vision of human progress made possible by the development of this and similar regions of the great Mountain States rises before the mind's eye.

Correspondence.

UTERINE TUMORS AS A CAUSE OF POST-PARTUM HEMORRHAGE.

Editors Louisville Medical News:

There is one cause of post-partum hemorrhage which seems not to have received from the profession the attention which its importance demands. I allude to the presence of fibrous polypi. Recently I have made a point of introducing this subject when I have met physicians, and have been surprised to find that many of them claim never to have seen a case of the kind.

Now, with no larger opportunity than a private practice has afforded, I have had a number of such cases, and therefore I can hardly resist the conclusion that the

condition is often an unrecognized cause of post-partum hemorrhage. The cases in which fibroids are reported as a cause being very small when compared with those which depend upon other causes, it is possible that too many physicians take it for granted that the hemorrhage depends upon more common conditions, and therefore do not make the careful examination necessary to detect the growth in question in the comparatively few cases in which it does exist. Now, if it be true that such cases are often overlooked, it is perhaps a sufficient apology for the writing of this short article, and if in a single instance by calling attention to the subject it shall lead to the necessary examination and correct diagnosis, its purpose will be attained.

Such cases necessarily terminate in one of the three following ways: (1) It may happen, perhaps fortunately, that the hemorrhage may cease or be arrested, while the tumor still remains, and the patient make a fair recovery so far as the parturition itself may be concerned; (2) And this is more probable, it may happen that, although much moderated, the hemorrhage may not entirely cease—but even if it does, soon a secondary hemorrhage with more or less sloughing and consequent putrescent discharges sets in, leading to anemia if not to septicemia; (3) The primary or immediate hemorrhage may terminate fatally, and perhaps, the uterus not having been explored, the real exciting cause, the tumor, may not be suspected or detected, and the hemorrhage is attributed to the want of contractions in the uterus adequate to the closing of the vessels upon the utero-placental surface, which is certainly a common cause of post-partum hemorrhage. Now, what is the lesson of this suggestion, and how is it to be applied?

In all cases of post-partum hemorrhage we should bear in mind that it may be caused by certain sessile growths within the uterus or cavity, and after the expulsion of the fetus and extraction of the placenta with the membranes entire, if the hemorrhage continue or if there should be unusual pain, especially extreme pain in the back, or any other symptoms which may lead the physician to suspect the cause above named, the uterus should be thoroughly explored, for if only a clot be discovered or if indeed the uterus be found empty, no harm could follow from the introduction of the hand. On the contrary, in the one case we would be enabled to remove the clot promptly, and in the other to induce the desired contraction. If the cause suspected should be found, then the necessity of the exploration will have been demonstrated. Understanding the situation, we may often manage the case successfully by completing the process which nature has already begun. By separating the tumor from the uterus and extracting it we may promptly arrest the primary hemorrhage and prevent a recurrence of the bleeding; and there is no better time than just after a normal labor, when the uterus is large and easily explored, to extract the tumor, even if such procedure be not necessary to arrest the hemorrhage. I may say that, so far as my experience goes, the tumor has, even where a large attachment had to be broken up, been readily taken away. By the exercise of a little skill this may be readily accomplished; perhaps with about the same facility as that by which an attached placenta may be detached and delivered.

After attending any case of labor it is a good rule to satisfy one's self that the uterus is empty and well contracted before leaving the patient.

R. H. CULBERTSON, M.D.

BRAZIL, IND., January 25, 1884.

Obituary.

The painful duty devolves upon the Medical Class of the University of Louisville, for 1883–1884, to pay respect to the memory of Francis N. Bourland, of Illinois, who departed this life on the 18th of February, 1884.

Mr. Bourland had prepared himself by diligent and assiduous study for passing his examination for the degree of Doctor of Medicine, and upon the very threshold of his labors was stricken down by disease.

Resolved, That we tender his family and friends in Illinois our sincere condolement in this, their great bereavement.

Resolved, That we cherish for our late fellow student sentiments of esteem and respect, and will keep his virtues green in our memories.

Resolved, That a copy of these resolutions be furnished his kindred in Illinois and a copy be sent to the Dean of the Faculty for publication.

S. E. SMITH,
Pres't of the Class.

S. S. WATKINS,
Secretary.

LOUISVILLE, Feb. 19, 1884.

Selections.

LACERATED PERINEUM.—A practical paper on this subject, by Dr. William A. Duncan (Lancet), closes with the following well-timed comments:

From seeing a good deal of midwifery practice in the country, I know that good practitioners often either ignore altogether lacerations which, at the very least, extend half-way to the anus, or make so light of them that they consider it unnecessary to do any thing beyond ordering the nurse to keep the patient's knees together for a few days; the explanation of this is, doubtless, in some cases, that the medical attendant thinks union will occur without sutures, but far more frequently from the fear that if he says there is a tear it may be attributed to neglect on his part; but surely nowadays most patients and nurses know that it is often unavoidable; at all events, they find out whether there is a laceration or not, and also the desirability of having it cured.

From the many cases of prolapsus uteri, retroversion and retroflexion, endometritis and endocervicitis, leucorrhea, and ovarian disorders, with consequent ill-health, and too often chronic invalidism, that have come under my notice secondary to perineal laceration, I feel somewhat strongly on this point, and consider that any medical man who neglects to suture a ruptured perineum which extends half-way to the anus (and, *a fortiori*, one that extends further still) fails in his duty toward his patient. If one class more than another requires every care being taken to retain a sound perineum, it certainly is that of the lower orders, simply because their laborious occupations very soon induce uterine troubles when the support of the perineum is wanting. Quite recently I operated on a patient who, since her last confinement four years ago, has suffered from backache, leucorrhea, "bearing-down pains," and inability to undergo exertion. She had been treated at several hospitals without relief. As the perineum was lacerated in half its extent, I considered it the *fons et origo mali*, and performed perineorraphy, with the result that the woman expresses herself as "quite well, and feeling a new being altogether."

It is quite as essential for a medical man to carry to each midwifery case a perineum-needle with some wire or silk as it is to have a bottle of ergot. And how easy the operation is! I have performed it without an anesthetic, but as a rule it is better to give chloroform, and for this it is not necessary, although of course preferable, to have another practitioner's help. The after-treatment is important. The vagina should be washed out night and morning with some disinfectant, the urine drawn off night and morning for about five days (or better still, a self-retaining india-rubber catheter left in for the same length of time). The bowels should be kept quiet for six days unless the patient's general condition calls for an aperient, then, *after* an oil enema has thoroughly cleared out the rectum, the deep sutures can be removed.

AUTOGENETIC DISEASE.—The elucidation of the first steps in the process of a subtle disease still baffles the observation of the most astute clinical physician, and for many reasons, the bulk of which may be summed up in the ignorance of our knowledge of molecular physiology. Morbid action may go on to an alarming extent without any warning of its presence either to the individual affected or to the skilled investigation of the scientific physician. Could we but know the initial change in the molecular state of those tissues which are about to become cancerous, or could we pierce the mystery of those conditions antecedent to the production of universal fibroid arterial disease, we should, indeed, be in the possession of substantial knowledge. Meanwhile we can but hope for this consummation as the true basis for the establishment of some knowledge concerning dynamic disease. We have received a pamphlet by the distinguished German physician, Dr. Senator, which must be regarded as attempting to throw some light on autogenetic disease. He believes that acute and chronic dyscrasia—in other words, cachexia—may arise not only through the retention of normal excretory products, but also through the absorption and dissemination of abnormal products manufactured in the body. The principal source of such autogenetic poisons resides in the morbid action of the digestive apparatus of the bladder and in severe anemic conditions. The effects of this dyscrasia are chiefly observed in the nervous system and in the kidneys. Under the acute nervous affection, besides uremia, there is another group of symptoms which may be described, with Kussmaul, as "diabetic coma," of which the causes, however, may be manifold. Kussmaul's group of symptoms may be observed in other illnesses

than diabetes—for example, pernicious anemia. Moreover, the dyscrasia is not dependent on the appearance of the falsely so-called "acetone reaction" in the urine (red coloration with ferric chloride). These conclusions arrived at by Senator deserve the greatest attention. It would lead us too far to discuss them at all adequately. Our knowledge of the causes of the natural combination of symptoms met with in the coma of diabetes is still in too fluid a state to serve as the basis of further statements.—*Lancet.*

Scarlatina and Diphtheria.—There has of recent years been a growing belief that although typical cases of scarlatina and of diphtheria can not be mistaken one for the other, yet that there lies between these two extremes a group of cases exhibiting nearly every phase between well-marked diphtheria on the one hand and well-marked scarlatina on the other. (The Lancet.) Dr. Francis Bond has been one of the most prominent among observers who have contended that there exists between the two diseases a more or less intimate family relationship as regards origin, pathology, and sanitary importance; and in his last annual report on the Gloucestershire Combined Sanitary District he reverts to the subject in connection with an outbreak which consisted largely of this hybrid affection, the precise nature of which it was by no means easy to identify, and which attacked between forty and fifty children at Chaxhill, in the parish of Westbury-on-Severn. The cases in question were evidently much more nearly related to diphtheria than to scarlatina; none of the attacks appear to have exhibited an eruption; redness of the throat, with, in some cases, a whitish spot or two, and at times a suspicious sort of membrane, formed the principal symptoms; death occurred very suddenly without apparent serious illness, and the fatal cases were registered as croup, diphtheritic croup, and diphtheria. But it is admitted on all hands that the cases were by no means characteristic of genuine diphtheria. It appears that scarlatina was prevalent in the neighborhood, and that several cases of a precisely similar kind occurred about the same time on the opposite side of the Severn, where an ill-developed form of scarlatina, in which marked throat mischief was the main symptom, was very prevalent. The disease did not appear to have any special tendency to spread, it seemed rather to have simultaneously affected a large number of children who were probably exposed to the same morbific influence. The nature of this influence was not detected; it was certainly not any obvious sanitary defect; but the children had all been much exposed during a wet and cold season. The outbreak recorded is less obscure from the point of view we have referred to than many others have been, but it affords another instance which may be regarded as favorable to the view that scarlatina and diphtheria have a common origin, and that the development of symptoms resembling either one or other of the two diseases is probably due to certain local or personal influences which for the present are involved in obscurity.

Woolen Underclothing.—Among the many means by which we seek to guard ourselves from the effects of chill there is one which hardly, even now, receives sufficient attention—the use of woolen underclothing. (The Lancet.) The majority of persons of the male sex do, indeed, show their appreciation of its wholesome qualities; but there remains a considerable moiety of these, and a far greater number of women and children, who prefer an undersuit of smooth but relatively meager linen. Yet the superior advantages of wearing wool next to the skin are easily apparent on reflection. They do not depend merely on its greater warmth and closeness of application. It is further capable, according to its texture and in virtue of its composition, of better adaptation in respect of temperature to the needs of various climates and the changes of seasons than any other dress material. Moreover, whether it be fine or rough, dense or light, woolen clothing, it is evident, exhibits a special faculty for absorbing and distributing moisture. It is this property especially which renders it the natural next covering of the constantly perspiring skin. If one be engaged, for example, in active exercise of limb, a linen fabric will absorb what products of transudation it can till it is wet, but will leave much moisture unabsorbed upon the clammy surface, whereas a flannel, from its more spongy nature, will rest upon a skin which it has nearly dried, and be but damp itself. It is obvious, then, that in the event of an after-chill, and this occurs in summer as in winter, the body is, in the latter case, most favorably disposed to resist it. Flannel is not less cleanly than linen, though it may appear less white; and if the wearer bathe daily, it is surprising how long it will

retain its purity. The disadvantage of skin irritation to which it sometimes gives rise is usually associated with coarseness of quality or freshness of manufacture, and is with nearly all who have experienced it a merely transient condition. Women, as well as men, we repeat, but above all children and the aged, who are alike particularly apt to take cold, should certainly adopt a woolen material for their customary undergarment. It is easily possible to adjust the texture to the season, so that it shall be warm enough in winter and not too warm in summer.

Petechial Eruption in Diphtheria.—Dr. Eugene Fraenkel (*Monatshefte f. Prakt. Dermatologie*) says: According to my own observations, *petechiæ constitute by far the most frequent cutaneous manifestation of diphtheria.* They make their appearance *either shortly after the commencement of the complaint, or else at a later stage, sometimes only a few days before the death of the patient.* The extravasated spots are of different sizes; quite often they are very small, hardly more than points, so as to be easily overlooked without close examination, which, perhaps, is the reason why they have so frequently escaped notice. Sometimes, however, I have found scattered over the skin slightly prominent bluish-green spots as large as a half-dime, which might readily be mistaken for contusions caused by the pressure of the bed at particular points, were it not for their number and their presence on all parts of the body and extremities. I have never observed petechiæ on the conjunctiva of diphtheritic patients; but, in cases where they have existed on the general integument, post-mortem examinations have always disclosed similar appearances on the serous membranes, especially the pleura and pericardium, and on the mucous membrane of the pelvis of the kidneys, less frequently on that of the stomach.

The *number* of these petechiæ on the living subject is generally small, and I have never seen them in groups; they are uniformly dispersed at a considerable distance from each other, in consequence of which the above-described bluish-green contused-like spots are less numerous than the more minute red ones.

As to their mode of origin, the results of Oertel's inoculations of rabbits with diphtheritic virus appear to confirm the opinion that these eruptions are due to the presence of bacteria—probably in the lymphatics of the skin—such objects having been frequently detected in the extravasated organs—especially the kidneys—of human subjects.—*Journal of Cutaneous and Venereal Diseases.*

Retained Secundines after Labor.—Dr. John W. Brannan (Boston Medical and Surgical Journal) says: The following outline of treatment would seem to me judicious and as answering all the indications in a case of abortion in which the secundines are retained after the expulsion of the fetus: If the membranes are lying loose in the open cervix, they should be removed by the finger. If, however, they are still within the cavity of the uterus, no attempt should be made to remove them, whether the cervix be open or closed. Full doses of ergot should be given, and the vagina should be carefully tamponed. The ergot and tampon will check whatever hemorrhage there may be, and will also serve to excite the uterus to contract, and thus effect the separation of the membranes. Two or three tampons may be used, each being left *in situ* about twelve hours. The vagina should be well washed with a two-and-a-half-per-cent solution of carbolic acid at each removal of the tampon. If the membranes still remain within the uterus, and there be no hemorrhage or evidence of blood-poisoning, we may leave the case to nature, merely continuing the ergot and carbolized vaginal injections for a few days. Besides enjoining the rest usual after all abortions, the physician should keep the patient under observation for a few weeks, if possible. If at any time serious and repeated hemorrhages should occur, or symptoms of septicemia should manifest themselves, these steps should be taken to empty the uterus at once. If the cervix is patulous, bi-manual expression of the placental remains should be tried. If this fails, the fragments may sometimes be brought away by intra-uterine injections. Last of all, we may resort to the use of the finger or the curette and forceps. If the cervix is closed, it should be dilated with the tupelo tent or Sims' dilators, and the uterine contents then removed as before.

An Overdose of Chloral.—By John P. Reynolds, M. D. (Boston Medical and Surgical Journal): To a young and healthy patient in third labor, with a good presentation of the head, I gave, as I supposed, three times, at intervals of fifteen minutes, a dose containing fifteen grains of chloral.

I had no better motive for its administration than the hope of comforting the patient, who was making moderate complaint. I shortly discovered that in forty-five minutes I had given her a hundred grains, and for the hour and a half which ensued I watched her condition with no little uneasiness.

She grew drowsy and heavy. The progress of the labor gave her no farther concern. If addressed, she could be roused to make answer, but soon fell off again. The pains became slow and ineffective. The pulse was at between sixty and seventy, full and laboring. Her hands, held by her husband, looked almost black under his pressure. Fifteen minutes after the third dose of chloral I ruptured the membranes; and twenty-five minutes later, not quite two hours from the first appearance of pain, a male child was slowly extruded into the world. The surface of the child was excessively pale, and from head to foot it was besmeared with meconium. After very moderate efforts, however, it began to breathe and cry; but it did not for several hours regain its natural color. The placenta was soon expelled, though without any portion of the membranes. One dram of fluid extract of ergot was twice given, and a half ounce of brandy. An hour after the birth the mother was in fairly good condition, and both she and the child made a safe recovery.

A New Method for Finding the Bacillus Tuberculosis.—Dr. Hartzell, in the Philadelphia Medical Times, gives the following new method for discovering the bacillus: A small quantity of sputum is spread as thinly and evenly as possible upon an ordinary glass slide; it is allowed to dry, which takes but a minute or two, and is then passed slowly several times through the flame of an alcohol lamp or Bunsen burner. One or two drops of the fuchsin solution, recommended by Gradle—prepared as follows, carbolic acid, fifteen minims; distilled water, one half fluid ounce; dissolve, and add saturated alcoholic solution of fuchsin, one half fluid dram—are placed upon the sputum thus prepared, and allowed to remain from three to five minutes. The slide is now washed thoroughly with distilled water, to remove the excess of fuchsin, and the stained sputum completely decolorized by means of a saturated solution of oxalic acid. It is again thoroughly washed in distilled water, after the decolorization, and allowed to dry; it is now ready to be mounted in glycerine or balsam for examination. With a power of five hundred or six hundred diameters the bacilli will appear as brilliant red rods, no staining of the background being necessary.

One chief advantage claimed over other methods is that in the latter the decolorizing agent employed is dilute nitric acid; but this, besides being disagreeable to handle because of its corrosive and staining properties, is apt to remove the color from the bacilli too unless great care is taken. Oxalic acid, however, seems to leave the dye untouched in them.

Propositions Concerning Leprosy.—The following are the ten propositions submitted as a result of the combined investigations of Drs. Fox and Graham: (1) Leprosy is a constitutional disease, and in certain cases appears to be hereditary. (2) It is, undoubtedly, contagious by inoculation. (3) There is no reason for believing that it is transmitted in any other way. (4) Under certain conditions a person may have leprosy, and run no risk of transmitting the disease to others of the same household or community. (5) It is not so liable to be transmitted to others as is syphilis in its earlier stages. There is no relation between the two diseases. (6) Leprosy is usually a fatal disease, its average duration being from ten to fifteen years. (7) In rare instances, there is a tendency to recover after the disease has existed for many years. (8) There is no valid ground for pronouncing the disease incurable. (9) Judicious treatment usually improves the condition of the patient, and often causes a disappearance of the symptoms. (10) There is ground for the hope that an improved method of treatment will in time effect the cure of leprosy, or, at least, that it will arrest and control the disease.—*Trans. American Dermatological Association*, 1883; *Journal of Cutaneous and Venereal Diseases.*

Forensic Relations of Katatonia.—Dr. J. G. Kiernan, in Detroit Lancet: From the irregularity of the symptoms, which set at defiance the dicta of the forensic psychologist, it would seem as if the disease could easily be feigned. Apart, however, from the improbability of a criminal being so keen an observer as to attempt feigning so complicated an affection, one symptom could scarcely be feigned with even the slightest probability of success, namely, the cataleptoid condition. The failure in

the simulation of this symptom, with a close examination of his antecedent history, would soon detect any attempt of this kind. The crimes that a katatoniac would be likely to commit are murder, arson, and rape; the murder in obedience to a hallucination, the arson for a similar cause, while the rape would be an expression of his excited erotic condition.

If these crimes, however, were committed during a remission, the patient should be held responsible, as he would, for the time being, be capable of acting logically on any conclusion arrived at in a logical manner. An instance where katatonia has been brought under cognizance of law, occurred in a fanatical religious organization in Germany. Two ministers of this organization believed they had received, during a cataleptoid condition, a command from God to kill a certain man and raise him from the dead. The former they succeeded in doing, but in the latter they failed. In this case, which illustrates the circumstances under which crime might be committed by a katatoniac, the accused were declared irresponsible. Any person, however, who has been acquitted on these grounds should be immediately sequestered for the safety of the public.

Ovaries and Fallopian Tubes Removed for the Relief of Blindness.—The intimate connection between affections of the eye and the generative organs in women, though on several occasions of late years insisted upon by ophthalmic surgeons, has never hitherto been demonstrated in so conclusive a manner as it has been by Mr. Priestley Smith, in the Ophthalmic Review. (Medical Times and Gazette). To remove both ovaries and fallopian tubes from a young married woman is not an operation that should be lightly undertaken, and when it is announced that the operation was performed with a view to prevent the patient from going blind, there are not a few, probably, who would be ready to denounce such a measure as unjustifiable. Yet such is the proceeding described by Mr. Priestley Smith, carried out with entire success up to the time of reporting the case. The facts of the case very briefly were, that the patient, a young married woman, aged twenty-four, had suddenly and completely lost the sight of the left eye after fainting seizure dependent upon or associated with some uterine or ovarian disorder. On subsequent occasions the right eye was several times rendered temporarily blind after similar attacks, after which the field of vision became permanently and considerably contracted; in the left eye the disk was somewhat white and the arteries much shrunken and mostly empty. The diagnosis of chronic ovaritis was made, and both ovaries and fallopian tubes were removed and found to be in such a condition as to fully justify their removal. It should be mentioned that all, or nearly all, the fainting attacks were traceable to pain originating in the pelvic viscera. After the operation the patient's progress was remarkably satisfactory; she ceased to suffer from fainting attacks, and the field of vision with the right eye again became entire. Mr. Priestley Smith puts the sequence of events as follows: Reflex disturbance of the circulation in the brain and retina through cardiac inhibition, great reduction and slowing of the blood stream in the retinal artery and thrombosis, to which the anemia and weakness of the heart would predispose, and he enters into a very interesting discussion as to whether the affection was due to thrombosis or embolism, pointing out very clearly the diagnostic points of difference in each condition, and giving what seem to us to be very good reasons for believing that in this case there had been thrombosis rather than embolism.

Pulmonary Syphilis.—Prof. de Renzi (Naples) has an extended article on this subject in the *Revista Clinica e Terapeutica*, a translation of which is given in *La France Médicale*. He declares:

1. Syphilis of the lung may be hereditary or acquired. The last, which I have observed the most frequently, is not so rare as might be supposed. In a number of cases a diagnosis of phthisis pulmonalis has been made.

2. The development is favored by debility, acute catarrh of the respiratory passages, larynx, trachea or bronchi, and chronic catarrh of the same organs. These catarrhs may cause the pulmonary localization even in an apparently robust condition.

3. There are no special and characteristic phenomena. All the symptomatic and progressive peculiarities found in syphilis are also to be found in the pulmonary tuberculosis.

4. To distinguish between these two diseases we have the following symptoms: (*a*) Absence of the tubercular bacilli in the sputa. (*b*) Efficacy of the anti-syphilitic treatment, which produces a rapid relief, and

even a cure, where syphilis is the cause. In the cases of failure of treatment the diagnosis is uncertain. This criterion remains doubtful with the iodine treatment, but with mercury a positive effect is rapidly produced. (*c*) The existence of other syphilitic lesions, and particularly syphilitic ulcerations of the larynx. (*d*) Syphilitic antecedents, dating from a remote period of five years or longer.

The last two arguments are less decisive than the first two, for a syphilitic is exposed to attacks of pulmonary tuberculosis.

5. Iodine and iodide of potassium act against pulmonary syphilis. Iodine may be given without fear in doubtful cases, for experiments made upon animals and clinical observations demonstrate that it retards, and up to a certain point, prevents the development of tuberculosis. But mercury is more efficacious and deserves the preference.—*Journal American Medical Association.*

Duquesnel's Aconitia in Facial Neuralgia.—Dr. M. Landesberg, in the Medical Bulletin, says: Duquesnel's aconitia is one of the most powerful remedies, and one of the most energetic poisons, and great caution has to be used in its administration. We have to individualize each case; the experiences obtained in one instance are not reliable in the other. The safest course to pursue in all instances is to give the remedy in divided doses at stated intervals, beginning with doses of $\frac{1}{150}$ of a grain, and gradually increasing to $\frac{1}{100}$ or $\frac{1}{80}$ of a grain three times a day. The susceptibility of patients is extremely variable. Some bear the largest dose without any disagreeable after effect, while in others toxical symptoms are manifested by the smallest dose. In view of these facts, we have to watch carefully the patients from the very beginning of the treatment, and suspend the medicine for a day or two when the patient complains of the slightest sensation of numbness in his limbs or of tingling in the tongue. If we proceed in this way, no injurious consequences or fatal coincidences are to be apprehended, and the remedy may be continued for a longer time without any fear of its becoming accumulated in the system. In debilitated and nervous patients it is advisable to begin with $\frac{1}{250}$ of a grain *pro dosi*, and to continue with the same dose for a few days. If the condition of the patient warrants higher doses, we may gradually increase the amount until the maxmimum ($\frac{1}{100}$ or $\frac{1}{80}$ of a grain) has been reached.

Boils.—Dr. John Aulde, following the suggestions of Dr. Sidney Ringer, has met with most satisfactory results by adopting the following plan. The diet is to be regulated, and, if constipation exists, a teaspoonful of magnesia sulph. in a glass of cold water should be taken every morning before breakfast.

℞. Calcii sulphidi, ... gr. iij;
Sacch. lactis, ... gr. xxx.
Misce bene et div. in chart., No. xxx.

Sig. Five powders daily at intervals, between meals.

By this method, beginning boils will be aborted, and those far enough advanced to threaten a siege of several weeks and successive crops will soften and heal in such short time that the patient will be surprised at the result. When they can be obtained, granules containing one tenth grain are to be preferred to the powders. The urine should be examined for sugar, as boils and diabetes often go together.—*Med. Bulletin.*

Agaric in Night-sweating in Phthisis. In the *Wiener Med. Woch.* Dr. Otto Seifert, after repeated trials, speaks highly of the efficacy of agaric in the night sweats of phthisis, as recommended by Dr. Young. He employs the active principle of *agaricus albus*, as prepared by Merck, of Darmstadt, in pills of a minimum dose of five milligrams, (about one thirteenth of a grain), which may, if necessary, be increased to a maximum of two centigrams (about one fourth of a grain). Comparative trials convinced him that the *agaricin* is most efficacious when administered as soon as the sweating commenced, instead of some hours before. The remedy may also be given as a subcutaneous injection with the same effects, but the burning pain it causes induces patients to refuse to submit to its repetition.—*Medical Times and Gazette.*

A case of glioma of the pons, paralysis of right sixth and seventh nerves, and hemiplegia, is reported by Dr. Henry Ashby as occuring in a patient under his care at the Manchester Hospital for Sick Children. (Medical Times and Gazette.) From the first but little difficulty existed in localizing the tumor. Paralysis of the sixth and seventh of the right side, with a left hemi-paresis, pointed plainly to a tumor involving the lower border of the right side of the pons. This diagnosis was still further strengthened as the paralysis of the left arm and leg increased, and the vomiting, pointing to inter-

ference with the vagus, became continuous. Gliomata are comparatively rare during childhood, tubercular masses being infinitely more common.

PRODUCTION OF ANESTHESIA.—As the result of his researches on man and animals, M. Paul Bert has announced, at a recent meeting of the Académie des Sciences, that an atmosphere made by the admixture of eight grams of chloroform with a hundred liters of air is the most convenient for inhalation with a view to the production of anesthesia. Thus diluted, its administration is said to be not disagreeable, and to be unattended with struggling and suffocative sensations. Complete insensibility is produced in six to eight minutes, and operations may be performed about the face without continuing the administration, so that the anesthesia does not rapidly disappear. *The Lancet.*

THE Edinburgh Medical Journal recommends for the ordinary eczema of the head in children, after two or three thorough cleansings, the daily application of the following:

℞ Acid salicylic, ... gr. x;
Tinct. benz., ... ♏xx;
Vaselini, ... ℥i.
M. ft. nug.

On other parts where a soft, easily melting salve such as this is not suitable, or where a firm dressing or a drying effect is desired, the following paste should be rubbed on:

℞ Acid salicylic, ... gr. xix;
Vaselini, ... ℥i;
Zinci oxidi, amyli, ... āā ℥ss.
M. leniter terens, fiat pasta.

OPIUM-SMOKING DENS OF BOMBAY.—From an entertaining communication on this subject, by J. C. Lucas, F.R.C.S. Ed. (London Lancet), we extract the following: The atmosphere of these apartments, which in the majority of instances I found to be overcrowded, was extremely foul, and, in addition to the ordinary impurities, contained the volatile constitutent parts of opium. Some of the smokers described their sensations, but concerning which there was nothing worthy of mention. In a few of these haunts I saw women (opium-smokers) who lay alongside of the men in a state of narcotism. In two other places I saw a number of women loitering about outside, and I was told by a European policeman who kindly accompanied me, that they were prostitutes waiting there "to pick up men." It would appear from this that opium produces an aphrodisiac action; and it is somewhat remarkable in connection with this point that in the neighboring liquor-shops no women were seen to gather for the same purpose. But the majority of these opium-smokers, I learned, were bad characters, known to the police. Some have only one pipe, after which they doze off, and remain in this state of stupor for from about a quarter of an hour to an hour or two, when they wake up and go away. Others have a second and third pipe, and others, again, indulge several times, and pass a good part of the night in the pleasures of opium-smoking. As a rule, after the first entry and the first pipe or two conversation almost ceases, but occasional groans are heard, and heavy, and even what simulated stertorous, breathing. In some of the places inspected by me a mixture of opium and Indian hemp was smoked. I was much struck with the expression of face of these opium-smokers, as being very degrading and dissolute specimens of humanity, and as a rule they seem to be ill-nourished and starved in appearance.

Before bringing this imperfect sketch to a close, I desire to invite the attention of the Health Department to the necessity of seeing to the compulsory provision of proper ventilation in these licensed places of public resort, as well as the lime-washing of the wall, etc., at certain regular intervals, in order that the "fascinating powers of opium," as De Quincey has styled them, may not be accompanied by toxemic results, and also to lessen the risks of imbibing the virus of cholera or other contagious diseases when present.

ANTISEPTIC POMADE.—Dr. Lucas Championnière (*Union Med.*, Jan. 1878) recommends the following formula: Powdered boracic acid six parts, vaseline thirty parts. The acid is to be incorporated, after it has been passed through a sieve, with the vaseline, and without dissolving it in alcohol or glycerine, which renders the pomade irritating. If it is wished to scent it, half a part of balsam of Peru may be added. This pomade will keep for an indefinite length of time. It may be spread on linen or salicylated wadding, and is employed with success in fetid eczema, fetid transpiration of the feet, and in the intertrigo and erythema of new-born infants.—*Medical Times.*

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MARCH 1, 1884.

Original.

SOME INTERESTING CASES OF HEAD INJURIES.*

BY W. O. ROBERTS, M.D.

Professor of Surgical Pathology and Operative Surgery, in the Medical Department, University of Louisville.

On January 2, 1884, at two o'clock A.M., I was telephoned to meet a freight train in the Louisville, Lexington & Cincinnati Short Line yard, the messenger informing me that a brakeman had fallen from the top of this train at Anchorage, and had received injuries which claimed my attention. I reached the depot at three o'clock A.M., and found the train, which had just arrived. I entered the caboose expecting to find the man, whom I saw lying upon a bench, badly injured, when to my surprise he got up and told me that with the exception of a few cuts about his head and some bruising of the chest, he was not hurt.

An examination revealed but one wound of any consequence; this was located near the center of the forehead, was about an inch in length, and, though it extended down to the bone, there was no evidence of fracture. There was also a small punctured wound situated just above the occipital protuberance. The face was scratched in several places. During the examination, the patient answered questions rationally, until asked where he lived, when he said "Wenzel and Jefferson." Upon hearing this answer his conductor said, "No, Jim, you are wrong, you live on Southall Street!" To which the patient replied with an air of ill humor, "Yes, that is where I live." I then asked him why he had said that he lived at Wenzel and Jefferson. He seemed to be irritated by the question, and answered: "I don't feel like a steamboat, any way."

The patient now left the caboose with me, walking to where my coupe was in waiting, a distance of three squares. I had the coupe driven out on Southall Street, and stopping in front of what I thought to be his place, I asked him if that was his house, he answered, Yes. We got out of the coupe, and I knocked at the door. The patient then remarked that his folks were all asleep, and going round to a side door, where he was in the habit of entering his house, on returning home late at night, came in a few minutes with a lamp in his hand to the front door and let me in. On entering the house I asked him the time; he looked at his watch, and told me the hour correctly, as I saw by a glance at the timepiece. I then went with him into an adjoining room, where I found his mother and sister. I told the women of the young man's mishap; gave them some directions as to the management of the case and left.

At my visit the next morning I found his conductor and a fellow-brakeman at the house, from whom I learned the particulars of the accident and the peculiar behavior of my patient just after its occurrence. The man was comfortable and able to converse rationally; but, on questioning him closely as to his night's experience, I found to my surprise that he did not remember any thing that had happened after going on top of the car from which he had fallen.

I learned from the conductor that he had fallen from the car at Anchorage, but that he was not missed by the train-hands until the train had gone a mile beyond the station. Stopping the train, the conductor and a brakeman walked back to look for him. They found him walking down the track toward the train. He talked like a man in full possession of his senses, but was unable to tell how he happened to be left behind. On the way to Louisville in the caboose, they saw nothing wrong with him except that he was cross and irritable in temper.

His sister said that when he entered her

*Reported at the Louisville Medico-Chirurgical Society.

room the night before he asked her for a light. When told that the lamp was on the mantel and the matches on the window-sill, he found them both, and lighting the lamp went immediately to the front door where I was in waiting.

Surprised at these statements, I questioned the man still further relative to his experiences during the night, when he assured me that all he could recollect was, that when the engineer blew for brakes he went on top of the box-car to put them on. From that time until late the following morning his existence had been a blank, and he was quite as much surprised on hearing of his actions of the previous night as were his friends on finding that he did not remember them.

When I asked him how he came to direct me to Jefferson Street instead of Southall, he could make no explanation, but his sister informed me that up to a year ago they had lived near the corner of Jefferson and Wenzel.

This case is a striking illustration of the effect of shock upon the memory, as regards events occurring at the time of and immediately following the injury. This fact is of especial importance from a medico-legal point of view. Several cases of this kind were reported by the late Prof. R. O. Cowling in the American Practitioner, April, 1876, and Mr. Savory calls attention to the phenomenon in a recent article published in the British Medical Journal.

My patient made a complete recovery.

Case II. On January 7, 1882, I was called in consultation with Dr. Durrett, of Jefferson County, to see John Phillips. The patient at this time showed symptoms of compression, which were the result of a blow upon the head, received some months before. The history of the case, as furnished by Dr. Durrett, is as follows:

On November 7, 1882, the patient was struck by a stone which cut the scalp at a point near the junction of the parietal with the occipital bone of the left side. For the space of four days after the injury he showed no untoward symptom; but after this he grew feverish, and complained of pain in the head. A physician was called, who, not being informed of the injury, told the patient that he was about to develop typhoid fever, and treated him accordingly.

On the eighth day Dr. Durrett saw him for the first time, and diagnosed inflammation of the brain. On the tenth day the patient had a violent convulsion, which was followed by partial paralysis of the right side of the body; but these symptoms disappeared within a week's time, and the doctor discontinued his visits.

On the 18th Dr. D. was again summoned, and found well-marked head symptoms. The patient had on that day a slight convulsion, which was followed by paralysis of the right side, and dilatation of the left pupil. During the eight days in which he was without medical attention, the patient complained of pain in the head, which followed immediately upon any exertion. From the last named date, the head symptoms and paralysis grew steadily worse until, a few days before my visit, the patient passed his water in the bed. During this time his bowels had been so constipated that powerful cathartics assisted by enemas were necessary to produce an action.

At the date of my visit his condition was as follows: Pulse 70; temperature normal; left pupil greatly dilated and fixed; right side gave evidence of paralysis; the muscles, however, responded when the skin was severely pinched; but in no other case did the patient use the limbs of this side. He could use the left side, and continually tossed the left hand up to his head.

An examination of the seat of the wound revealed a thin cicatrix, which gave evidence of fluid beneath. This I punctured with a probe, when a quantity of pus escaped, and roughness of the bone could be detected by the probe. At this juncture I suggested an exploratory incision, to be followed by trephining if the condition of the case should warrant it. Dr. Durrett agreeing to this procedure, on the following morning, assisted by this gentleman and Dr. Skinner, I dissected up a flap and laid the bone bare. This showed that the fracture extended through the outer table of the skull only, and the fragment of bone being loose, it was removed. There was no sign of fracture of the internal table, nor evidence of pus between this and the dura mater the circulation in the bone being perfect. We therefore decided not to use the trephine.

From this time on the symptoms grew steadily worse, and the patient died comatose three days afterward. A post-mortem examination revealed no lesion in the immediate neighborhood of the injury, but an abscess about the size of a hen's egg was found in the lower portion of the left anterior cerebral lobe, which was evidently due to a lesion made by the counter-stroke of the blow, and which demonstrated the wisdom of withholding the trephine.

CASE III. A girl, seventeen years of age, a few months since fell down a flight of stairs. The head struck the floor with considerable force, but the patient did not lose consciousness. Complaining of great pain in her head, she was carried to her room and put to bed. In a half hour after the accident the patient became totally blind. The pupils were largely dilated, the lids were wide open and the eyes staring. Dr. W. Cheatham examined the eyes, but found no evidence of injury to the globe itself. The pain was located chiefly in the back part of the head. Thirty grains of potassium bromide were now prescribed, and the patient had a sleep which lasted three hours. On awaking her vision was restored. This symptom, if not hysterical, was probably the result of concussion of the posterior cerebral lobes. I was at first fearful of hemorrhage, because of the absence of shock, and the length of time intervening between the moment of the injury and the development of the blindness; but no symptom pointing to this condition presented itself, and the patient had no further trouble.

LOUISVILLE, KY.

Miscellany.

UNIVERSITY OF LOUISVILLE.

The Commencement exercises of the Medical Department of the University of Louisville were held on Thursday afternoon, at 2:30 o'clock, in the Opera House.

The young doctors received their honors with dignity and grace, the addresses were able and entertaining, and the large and brilliant audience was attentive and appreciative.

PROGRAMME.

"Twilight," Piefke.
"Martha," Flotow.
Prayer by Rev. L. P. Tschiffely.
Presentation of Candidates by the Dean, and the Conferring of Diplomas by the Hon. Isaac Caldwell, President of the Board of Trustees.
Waltz, Strauss.
Announcement and award of prizes by the President.
Cornet Solo, Hoch.
Class Valedictory, Edgar T. Cook, *M.D.*, of Tex.
Selection, "Iolanthe," Sullivan.
Faculty Valedictory, by Prof. John A. Octerlony, A.M., M.D.
Galop, Strauss.
Alumni Address, by H. K. Pusey, M.D.
Benediction.
"Home, Sweet Home."

LIST OF GRADUATES.

Agnew, Robert C., Kentucky.
Allen, Thomas P., Kentucky.
Branch, William G., Louisiana.
Baird, John W., Kentucky.
Barnett, Thomas L., Texas.
Barnes, William L., Michigan.
Butler, Henry T., Tennessee.
Book, Hampton D., Kentucky.
Baucum, James B., Tennessee.
Barlow, John R., Texas.
Baldwin, Samuel C., Kentucky.
Comly, John B., Illinois.
Cook, Edgar T., Texas.
Canton, Enrique, Nicaragua.
Crawford, Charles N., Kentucky.
Crume, Thomas M., Kentucky.
Crawley, Vincent C., Texas.
De Armond, Christopher C., Tennessee.
Davis, William K., Missouri.
Fisher, Simeon K., Kentucky.
Gibson, William H., Arkansas.
Green, J. Holt, *M.D.*, Kentucky.
Green, Sidney J., Kentucky.
Gaddie, David W., Kentucky.
Herndon, Benjamin F., Kentucky.
Hoye, Henry D., Missouri.
Hansford, William G., Kentucky.
Hume, Waverly M., Kentucky.
Hawthorne, Jacob, jr., Kentucky.
Haynes, Pugh, Tennessee.
Henrickson, A. M. D., Tennessee.
Johnson, Walter S., Tennessee.
Johnson, Richard C., Kentucky.
Johnson, Benjamin F., Texas.
Johnson, James L., Kentucky.
King, Samuel F., Texas.
Keller, Mitchell S., Texas.
Leatherman, John R., Indiana.
Luse, Frank V., Kentucky.
Littlejohn, Samuel F. W., Texas.
Marshall, U. Ewing, Kentucky.
Miller, Kinney N., Texas.
Moore, William, Kentucky.
Moore, Stephen A. D., Texas.
Maxwell, Benjamin R., Arkansas.
Meacham, John W., Tennessee.
Moore, William G., Kentucky.
McGaughy, Andrew J., Indiana.
McGaughy, Emmett, Arkansas.
McWilliams, James B., Georgia.
McMullen, Samuel D., Louisiana.
Nichols, Thomas B., jr., Kentucky.
Perrine, Benjamin J., Indiana.
Pusey, Charles M., Kentucky.
Prichard, Charles C., Louisiana.
Pennington, William E., Texas.
Poindexter, John M., Indiana.
Purdy, William, Indiana.
Parks, Seth P., Kentucky.
Porter, Arthur R., Arkansas.
Runyon, Frank J., Kentucky.
Redding. Salem M., Kentucky.
Rogers, Joseph M., Indiana.
Robertson, Charles R., Kentucky.
Rush, Andrew J., Tennessee.
Spurlock, George L., Texas.
Smith, Wesley A., Georgia.
Smith, Samuel E., Indiana.
Stovall, Richard F., Texas.
Smith, Walter K., Kentucky.

Sasser, John D., jr., Tennessee.
Stucky, Fredrick V., Indiana.
Sanders, Hugh B., Kentucky.
Stewart, Josephus P., Kansas.
Sharp, James B., *M.D.*, Tennessee.
Teasdale, Charles H., Mississippi.
Tate, Wistar A., Texas.
Watkins, Samuel S., Kentucky.
Williams, Richard C., Kentucky.
Wolff, Jacob, Wisconsin.
Williams, B. Dudley, Alabama.
Williams, Harvey P., Tennessee.
Wedding, Thomas G., Kentucky.
Yeakley, George W., Texas.

AWARDS OF HONORS AND PRIZES.

The President announced the awards made by the Faculty, as follows:

Charles M. Pusey, M.D., of Kentucky.
John M. Poindexter, M.D., of Indiana.
Kinney N. Miller, M.D., of Texas.
Frank J. Runyon, M.D., of Kentucky.
William G. Branch, M.D., of Louisiana.
Samuel F. King. M.D., of Texas.
U. Ewing Marshall, M.D., of Kentucky.
John W. Meacham, M.D., of Tennessee.
Richard F. Stovall, M.D., of Texas.
Andrew J. Rush, M.D., of Texas.

Each of the above named gentlemen received a certificate of honor.

The Yandell gold medal, named in honor of the late Dr. L. P. Yandell, sr., was awarded for the best class-standing, to Charles M. Pusey, M. D., of Kentucky. The second gold medal, for second place in class-standing, was awarded to John M. Poindexter, M.D., of Indiana, and the third to Kinney N. Miller, M.D., of Texas.

THE UNDERGRADUATES' CONTEST.

To John P. Bell, of Kentucky, was awarded the first prize, a Gross pocket-case of instruments, offered by Arthur Peter & Co.

To Edward A. Stevens, of Kentucky, was awarded the second prize, a copy of Gross's Surgery, offered by John P. Morton & Co.

To Lewis M. Woodson, of Tennessee, was awarded the third prize, a pocket-case of instruments, offered by Adolph Fischer.

A POETICAL SUICIDE.—A German convict in Chicago committed suicide recently, and before doing so left a commemorative rhyme, which runs as follows:

"Here's a recipe for a popular suicide:
Take twenty grains of potassium cyanide."

A fellow convict a few days later took the recipe, which was distributed freely among the prisoners. We can not deny that it is a good one.—*Medical Record.*

THE BRITISH MEDICAL ASSOCIATION.—The fifty second annual meeting of the Association will be held on July 29, 30, and 31, and August 1, 1884, at Belfast, under the presidency of James Cuming, M.A., M.D., F.K.Q.C.P.I., Professor of Medicine, Queen's College, Belfast.

The address in Medicine will be delivered by Sir Andrew Clark, Bart., M.D., F.R.C.P., Physician and Lecturer on Clincal Medicine, London Hospital.

The address in Obstetric Medicine will be delivered by George H. Kidd, M.D., F.R.C.S.I., Master of the Coombe Lying-in Hospital, Dublin.

The address in physiology will be delivered by Peter Redfern, M.D., F.R.C.S.E., Professor of Anatomy and Physiology, Queen's College, Belfast.

Visitors coming from America to attend this meeting can travel by any of the following routes: A "Cunard" steamer will leave New York on Wednesday, July 16th, arriving in Queenstown about the following Thursday week, July 24th; Boston, on Saturday, July 19th, reaching Queenstown the following Monday week, July 28th. A "White Star" steamer will leave New York on Saturday, July 12th, and on Saturday, July 19th; due at Queenstown about July 20th and July 27th. An "Inman" steamer will leave New York on Tuesday, July 15th; due at Queenstown about July 23d. An "Allan" steamer will leave Quebec on Saturday, July 19th, arriving in Londonderry about the 26th or 28th July. An "Anchor" steamer will leave New York on Saturday, July 19th; due at Londonderry on July 29th. Londonderry is 95 miles from Belfast, and trains run daily between the two places. The route from Queenstown to Belfast is from Queenstown to Cork, Cork to Dublin (one hundred and sixty-five miles by train), and Dublin to Belfast (one hundred and thirteen miles).

Communications in reference to the meeting of the British Medical Association at Belfast, to be addressed to the Hon. Local Secretaries, John Moore, M.D., Alex. Dempsey, M.D.; John W. Byers, M.A., M.D.

MEETING OF THE INTERNATIONAL MEDICAL CONGRESS AT COPENHAGEN.—The time of the meeting of the British Medical Association at Belfast has been fixed so as not to interfere with the International Medical Congress, which is to begin at Copenhagen on 10th August. A steamer will leave Hull (England) on August 2d and 9th for Co-

penhagen; and on August 5th a steamer will leave Leith (Scotland) for Copenhagen. Both these places (Hull and Leith) can be reached on any day by leaving Belfast on the previous evening by the cross-channel steamers. Visitors after attending the meeting of the British Medical Association in Belfast will have ample time to travel to Copenhagen for the Congress.

Carl Von Hecker.—In commenting on the life and habits of this remarkable physician (who died in December, 1882), the Lancet says: As in medicine he was many-sided, always seeking for analogies throughout the range of its branches, and in no sense a specialist, though chiefly devoting himself to obstetrics, so also he embraced more than medicine and more than science in his sympathies. Like so many of the busiest of his profession, he could not live without a second life outside his daily calling, but depended for his refreshment on music, to which he was devoted, and which, no doubt, helped to brace him for many a precise and laborious investigation. He died of apoplexy, having suffered almost constantly from pain down the left arm for three years, together with considerable impairment of health; but he died in harness. It is doubtful how far our English system of prolonged juniority until advanced middle age (when enterprise is apt to be diverted from investigation toward the pursuit of wealth) is productive of good results. In Germany they do these things differently, and Von Hecker can hardly be quoted as an instance in favor of keeping a young man back. Appointed at thirty-one to a post of the greatest importance, his opportunities were all too little for his eagerness. In England most of the best work is done by men still young, while very few indeed continue to do scientific work when they cease to be young. To those who do so continue when their name is already made, all honor is given. Most, however, act like the poet's horse, who *senio confectu' quiescit.*

Alcohol for Students.—Dr. Clouston, in a recent address to the students of the Edinburgh University, said: "I think that a student will have little reason to blame himself who totally abstains from alcohol during his period of study. You will all admit that a man who does so avoids certain manifest risks; most of you will admit that he will do more work; you will all admit that he does not lose very much of the best kind of social enjoyment during his period of study; you will all admit that after his studies are over, and when he has developed into full manhood, he will be likely to enjoy it all the better, as well as more safely, if he takes to the moderate use of alcohol. After that some of the risks are over. And if he should remain a total abstainer all his life, it may not be the worst thing he can do. I am not here suggesting to you what I did not practice myself, for during four years of my studies I was a total abstainer, and it was a course I never have had any reason to regret."

Students should lay this address to heart. The present writer, by no means a partisan of the teetotal craze, was, like Dr. Clouston, an abstainer during his student life, not professedly, but as a matter of physiological expediency, and not only does he not regret it, but he is convinced that he succeeded far better without alcohol than he would have done with it.—*Lancet.*

Leucocythemia.—The following post-mortem appearances in child of five years, dead of leucocythemia, are described in the Lancet by Dr. Wadham: All the internal organs had petechiae on their surface, the surface of the body being free. The lungs were pale, but otherwise normal. The auricles and ventricles of the heart contained pale, red, soft clots; the muscular substance was of an opaque white color and abnormally friable. The mesenteric glands were all enlarged to the size of small walnuts. The liver, pale but not soft, weighed one pound ten ounces, and on section its surface was found studded with minute, opaque, yellowish-white material; a few small infarcts were present. The spleen (five ounces) contained infarcts of a yellowish color. The kidneys were very pale, but otherwise healthy. The brain, which weighed forty-two ounces, showed nothing abnormal. There were numerous small ecchymoses in the retina of the one eye that was examined.

Enlargement of the Bursa Patellæ in Clergymen.—I notice a letter from Dr. Wherry, of Cambridge, expressing his surprise that cases of "housemaid's knee" should occur among the clergy. For the last few years I have been attending the members of the French Jesuit College here and I have found affections of the bursa patellæ by no means uncommon; these vary in severity from a simple corn-like harden-

ing of the skin covering the patella to the most acute inflammation of the bursa ending in suppuration. Evaporating lotions are often very serviceable in reducing the inflammation, but of course incision frequently becomes necessary, and in some cases large quantities of pus are discharged. Recovery is generally rapid and complete, but occasionally a low chronic state of inflammation in the joint has supervened and has been very troublesome. Complete rest with the application of belladonna plaster, followed by painting with tincture of iodine, have always been successful in producing an ultimate cure. There are about one hundred members of the college, the majority of these being students varying from eighteen to twenty-two years of age, and the average number of cases of affections of the bursa patellæ has been about five per annum.—*F. H. V. Grosholz, M.K.Q.C.P.I., Lancet.*

"Children's Parties in Winter."—It may seem ungracious to strive to put a limit on the pleasures of the young, but it must not be forgotten that early youth is the period of growth and development, and that any thing and every thing that causes special waste of organized material without a compensatory stimulus to nutrition ought to be avoided. Dr. Cullimore has dealt with the general effects on health, and he has not exaggerated the evils that sometimes ensue, and are always likely to be entailed by this form of juvenile amusement. We turn from these to the mental and nerve injuries inflicted on the growing organism. They are certainly not to be disregarded. A perfect storm of excitement rages in the little brain from the moment the invitation has been received, and the affair is talked about in the nursery until after the evening. Sleep is disturbed by dreams, or, in some cases, prevented by thinking of the occasion, and afterward the excitement does not subside until days have elapsed, perhaps not before another invitation is received. Not only in winter, but at all seasons, we think the amusements of young children ought to be simple, unexciting, and as free as possible from the characteristics of the "pleasures" of later years. As a matter of fact, "children's parties" are in no way necessary to the happiness of child life.—*Lancet.*

Stone in the Bladder of a Female.—Mr. T. Pickering Pick (West London Medico-Chirurgical Society), said: Seven years ago the patient was admitted into one of the London hospitals suffering from symptoms of stone in the bladder. An operation was performed for removal of the stone, and ever since she had suffered from incontinence of urine. Several plastic operations had been performed for the cure of the incontinence, but without success. Two years ago an opening had formed between the rectum and vagina, and ever since the feces had passed from the one tube to the other. When she came under Mr. Pick's care he found that the whole of the posterior wall of the bladder had been detroyed, as well as the under surface of the urethra. There was also an opening the size of a goose-quill between rectum and vagina. As there appeared to be no probability of closing the vesico-vaginal fistula, Mr. Pick occluded the vagina by removing a circular belt of mucous membrane from just within the orifice and bringing the rawed surfaces together with quilled sutures. The operation was attended with marked success, the patient passing her water by the rectum, and being able to retain it "as long as she liked." Mr. Pick then remarked how unadvisable it was to use gradual dilatation, or, as proposed by some, to slit up the urethra, in that these methods usually resulted in incontinence. The rule, he thought, should always be to dilate rapidly for stones not larger than a filbert, while for stones of a larger size lithotomy is preferable to lithotrity.—*Medical Press.*

A Living Child after Craniotomy.—At the meeting of the Royal Society of Physicians, of Berlin, of the 18th inst., Dr. Breus exhibited a living child eighteen days old on whom craniotomy had been performed. The conjugate diameter of the mother was nine centimeters (3½ in.). On extraction by the forceps the left frontal bone was fractured during its passage over the promontory. The child, born asphyxiated, quickly recovered, without any paralysis and without pyrexia. The mother also made a good recovery.—*Medical Press.*

Hot-water Injections to Arrest Uterine Hemorrhage.—Dr. F. S. Sellew reports in the Record a case of menorrhagia which, having previously resisted the usual remedies, yielded to hot water. He says: "In January, 1884, I was called; found her bleeding profusely. She had been unwell for a week, growing worse from day to day. As before, the usual remedies made no impression upon the flow of blood. I then di-

rected that a large enema of hot water be given and retained as long as possible. The bleeding stopped at once and did not return until the following day, when, after a sudden fright, it recommenced. The enema was again given, and repeated in about twenty minutes, after which the bleeding stopped and has not returned."

THE INSPECTION OF EXPORTED PORK.—A rumor having been received by telegraph to the effect that the French Government is now willing to admit American hog products, on condition that they pass an examination to be made at its own expense, it is said that some gentlemen who assume to speak for the pork trade regard this proposal as unsatisfactory, provided it means a microscopical examination. It seems to us foolish for this objection to be raised, and we trust that it will not be brought forward authoritatively, for it is neither founded in fairness nor calculated to convince foreign nations of our faith in our own position. We must not rest on the fact that trichinous pork is harmless when properly cured or cooked; we must exterminate trichiniasis in our hogs.—*New York Medical Journal.*

DEATH FROM MORPHIA-POISONING.—Dr. W. O. Deacon, medical officer of Richill Dispensary in Ireland (Lancet), who had contracted the habit of using morphia hypodermically, applied to an assistant at the medical hall for some morphia, who made him up a solution containing three grains of the drug, which Dr. Deacon refused to take, as he said that he had been in the habit of injecting ten grains twice a day for the last four years. He then made a solution himself, containing five grains, injected it, and died about two hours afterward. A verdict was returned that deceased had died of heart disease, accelerated by an injection of morphia, not taken with the intention of causing death.

AN INFANT THAT SECRETES MILK.—Dr. Lesnewich reports, in the *Paris Medical*, the case of a male infant, aged ten months, that secretes milk in considerable amount. The infant has, for its size, well-developed mammary glands.

DIPHTHERIA is again very prevalent in Berlin, sixty-three deaths from this zymotic alone having occurred there last week, which is nearly double the number recorded in the whole of the United Kingdom.

DR. B. W. RICHARDSON, F.R.S., is engaged on a new work—the first number reached us as we were going to press—"The Asclepiad," which he intends issuing in quarterly installments at 2s. 6d. It will be devoted exclusively to original research and observation in the science and literature of medicine.—*The Medical Press.*

THE FOOT AND MOUTH DISEASE was said last week to be prevailing among the cattle at the quarantine station at Deering, Me., and to have been communicated to cattle in Deering and in the neighboring town of Falmouth. The report has been denied, but it has given rise to much alarm in the vicinity.—*New York Medical Journal.*

POISONING BY WILD PARSNIP.—A case of poisoning from eating wild parsnip occurred in Danville, Pa., on Friday of last week, when two children died after having eaten the plant. A third child who tasted it was made very sick. In the two fatal cases convulsions occurred, preceded by violent pain. *Ibid.*

GLANDERS IN CHICAGO.—It is reported that the State Veterinarian discovered two cases of glanders last week in a large stable where a number of horses and mules were kept. The infected animals were ordered shot, and a rigid quarantine was established to prevent the spread of the disease if possible.—*Ibid.*

COUNTERFEIT TARTAR EMETIC.—The *Progrès Medical* states that certain German chemists have put on the market a salt purporting to be tartar emetic, but really consisting of an oxalate of potassium and antimony, and warns its readers of the dangers of using such a salt.—*Ibid.*

THE deaf-mute subscription swindler is still abroad in the land. Last summer we warned our readers against the silent fascinations of this gentleman.

JOHN HUTTON BALFOUR, M.D., F.R.S., of Edinburgh, died recently, at the age of seventy-five. He was Dean of the Medical Faculty of the University of Edinburgh.

THE Philadelphia Medical News says that during the past year fifty-five new medical journals have appeared and fifteen have died.

The Louisville Medical News.

Vol. XVII. SATURDAY, MARCH 1, 1884. No. 9

L. P. YANDELL, M.D., - - - - - - }
H. A. COTTELL, M.D., - - - - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

THE CONTAGIOUSNESS OF PHTHISIS.

In the British Medical Journal of February 2d, Dr. Frank Ogston gives a clinical observation which would seem to strengthen the theory that pulmonary consumption may spread by contagion.

The observation was made in a family of Aberdeen, which consisted of father and mother, both in good health, aged respectively fifty-seven and fifty-five years, two daughters and six sons. The children, whose ages ranged between thirty-one and twelve years, had all been strong and healthy, with no apparent tendency to disease, nor could any history of consumption be traced back through previous generations, the forefathers of both parents having been noted for good health and long life.

About three years ago a married son, who had been living in Glasgow, came home in bad health. A diagnosis of pulmonary consumption was made by the family physician. The disease ran a rapid course, proving fatal in two months. During his illness this young man was nursed by his two sisters (aged twenty-one and eighteen), and for the first four weeks slept in the same bed with a younger brother, a boy of fourteen, who, when the patient came to require more constant attention from his sisters, was sent to sleep in another room.

In July, 1882 (the exact date of the brother's arrival being unfortunataly omitted), the younger sister showed undoubted signs of phthisis — consolidation of the apices of both lungs, the left beginning to break down (morning temperature of 100° Fahr.), and a paroxysmal cough. Rapidly following these manifestations was the formation of large cavities, and abundant sputum, which swarmed with bacilli. In November the patient died of hemoptysis.

During this same summer the elder sister and the boy developed the disease, which ran a typical course in both cases, and proved fatal in a few months. Four sons of this family are still living, and in exceptionally good health.

In conclusion the author says: "Here, then, we have a man suffering from consumption brought into a healthy household, infecting first a healthy brother, who slept with him, and then his sisters who nursed him; while his four remaining brothers, who came little into contact with him, escaped. The presumption of contagion seems strong."

The above instance, though obscure as to the time which the disease required for development in the sisters and younger brother, is certainly interesting, and, in view of recent investigations bearing upon the nature and etiology of tuberculosis, must be allowed some weight. So far as we have seen, it approaches more nearly the point of clinical evidence in favor of tuberculous contagion than any observation so far reported.

We recall in our own experience an apparent introduction of phthisis into a previously healthy family, and though by no means as flawless as the above, it may be worth while to give it a place beside Dr. Ogston's observation.

About twelve years ago we had among our acquaintances a family which consisted of a father and ten children—three sons

and seven daughters. At this time the father and five daughters lived at their homestead, in the town of C., Ky. The three sons and two of the daughters were married, and living, two of them, in C. (a son and daughter), but away from the father's house; the others in distant cities.

About nine years ago the eldest of the unmarried daughters paid a visit to a married sister residing in Louisville. The husband of this lady at this time was suffing from a well-marked case of phthisis, from which he subsequently died. The young lady spent several months with her sister, and on going home rapidly developed the disease, which proved fatal in less than six months. She was nursed constantly during her illness by three of her sisters, who one after the other developed the disease, till in less than three years they had all passed away.

The father did business in a neighboring city, and consequently spent but little time with the children. He and the youngest sister (a school-girl) escaped. When last heard from, nearly two years since, no other member of the family had phthisis.

The father was at this time a hale old man of about seventy years. The mother, a large full-favored woman, had died some thirteen or fifteen years before of an acute disease, which was positively non-tuberculous. No case of consumption in the ancestors so far as known could be traced, though it was admitted that an aunt on the maternal side had died of the disease. This would seem to savor of contagion; but it must be admitted in evidence against the point, that the widowed sister returned to her father's house in about a year after the death of her husband, and that, although she nursed three of the sisters, while the disease ran its course with them, she had not, up to the time above named, shown any sign of phthisis.

The importance of a careful record of all such instances as those above noted must be conceded, since it is only by the bringing together of a great number of carefully conducted clinical observations, that the force of the recent investigations in phthisis can be estimated. The inoculability of tubercle in the lower animals and the reproduction of the disease in this way, after any number of cultivations of the infecting germ, is proved beyond a doubt.

It is therefore no more than logical to infer that many cases of phthisis in man may be due to the passage of the virus into the circulation through the pulmonary mucous membrane by means of the inspired air. If this be true the management of tuberculous patients becomes one of the great hygienic questions of the day, and it is not unreasonable to hope that by rigid cleanliness, ventilation, destruction of the sputum, and such isolation of the patient as is compatible with humanity and common sense, we may be able to limit to a marked degree the spread of the most widely prevalent and fatal of all diseases.

We copied in December a note from the Lancet to the effect that Martineau had been able to inoculate a monkey with syphilis, obtaining first a hard chancre, later specific skin lesions, and after ten months, a syphilitic ulcer on the soft palate.

The article has attracted much serious attention, since, prior to this, all attempts to reproduce the disease in brutes had failed. It is believed that this experiment will unsettle some of the existing theories repecting the natural history and origin of syphilis.

While this is perhaps true, it is possible that it may serve to strengthen certain theories respecting the natural history and origin of man, and it would, therefore be interesting to know whether the animal practiced upon was a common monkey or an anthropomorphous ape. Huxley has shown that the gorilla in his anatomical structure tallies with man in almost every particular, and if evolution be true, it would not be surprising if this chief of the monkeys should be found to be one with the lord of creation in his pathological susceptibilities.

Correspondence.

My Dear Doctor L. P. Yandell:

Your esteemed letter of December 30th, ult., has been duly received. Although exceedingly busy to-day, I will devote a few lines to answer your different questions.

First of all, with regard to yellow fever. Having lived these last three years in Panama, U. S. Columbia, and having occupied there the position of Vice-President of the Board of Health, I have been able to see and treat many cases of this terrible disease. Panama is not so unhealthy as Colon (Aspinwall), but it is far from being a health resort, as M. de Lesseps would have us believe. After using all the remedies recommended by our best authors for yellow fever, I have come to the conclusion that carbolic acid in combination with quinia (as in the following formula) gives the best chance to the patient:

℞ Acid. carbolic, cryst., ... gr. iij;
Extract. quiniæ, ... gr. xx.

M. et ft. pil. No. vj. S: One pill every three or four hours.

Some years ago a medical friend of mine used carbolic acid with success in a very bad case of yellow fever, where the urine was so much loaded with albumen that I would have called it urinous albumen instead of albuminous urine; it was one of the worst cases I have ever seen. Encouraged with his success, I used it afterward in several other cases, but relied also on diaphoretics, and had the precaution at the beginning to keep my patient's bowels opened with ol. ricini. This latter is the cathartic they generally prefer in such cases in Cuba and on the Pacific coast. I must add that in Panama we made the remark, carbolic acid in pills gave much better results than when used in solution. I do not pretend that carbolic acid is a specific for yellow fever. We all know that there are cases which must die, whatever the treatment may be, while others will get well without any treatment at all; but as I have had and seen many cases of this terrible disease, I have found that the above treatment gives, as I have said, the best chance to the patient; this, at least, is my humble opinion.

As to guinea-worm in this island, I have never seen, nor have any of my colleagues, a single case of this parasite. I read in Aitken's Practice of Medicine, vol. 1. p. 163: "The Filaria Medinensis is unknown in America, unless the person in whom it exists has been in places where the *dracunculus* is endemic. The only exception is the island of Curacoa. It is sometimes so extensively disseminated that it has been said to prevail after manner of an epidemic." *So is history written!*

Do you know, my dear Doctor, why such an erroneous statement could have found a place in a book like Aitken's Practice? According to tradition, guinea-worm was prevalent in Curacoa more than a century ago, but after that period it has not been known in this country. It is supposed that it was imported by negroes brought from Africa. The last slave-ship came here in 1778, and after that the disease never made its appearance. I am at a loss, however, to understand why it is that the disease has never been known to exist in Cuba and other West India islands, where immense quantities of slaves were introduced until recently. It may be that the slaves imported here a century ago were, *par hasard*, from a place where guinea-worm is endemic.

True and false leprosy, or, better, *Elephantiasis Græcorum* and *Arabum*, are unhappily known here, but not so prevalent as in the other West India islands. Both chaulmoogra and gurjun oil have been used with negative results. I must acknowledge, however, that I have lately used in Panama the first-named remedy with pretty good results. The patient improved rapidly, but, as it very often happens with us, he gave up all treatment as soon as he found himself better.

Believe me, my dear sir, yours sincerely,

A. A. Nouel, M.D.

Curacoa, W. I., Feb. 12, 1884.

Spontaneous Cow-Pox.—A case is reported from Cèrons, in the department of the Gironde. Two heifers were inoculated with the matter from which several children were vaccinated. According to Prof. Layet the eruption of spontaneous cow-pox does not present the classical characters described in books. The pustules are not umbilicated or cup-shaped. Umbilication is the character essential to the eruption when transmitted.—*Lancet.*

A Writer in Hygiene Pratique states that boots and shoes may be rendered waterproof by soaking them for some hours in thick soap-water. The compound forms a fatty acid within the leather.

Selections.

DEFECTIVE LACTATION.—Dr. T. M. Dolan thus concludes an able paper in the British Medical Journal: It will be asked, is lactation equally defective among the higher classes? Are they equally unable to suckle their children? Are they ignorant on the great subject of hygiene? Do their children suffer from the manifold evils which affect the lower strata of society? Setting aside the large number who will not leave the luxury of their lives, fashionable amusements, etc., to perform that duty which every conscientious mother should fulfill, there is also a larger class who are not able to produce milk. This no doubt arises from a certain high pressure under which they live, from a highly artificial mode of life, the product of modern civilization. Their diet is not conducive to produce healthy blood, and we find anemia, hysteria, nervous disorders, insanity, as a result; so that not only are they unable to reproduce healthy structure for the waste going on in their own bodies, but they are still more unable to furnish a supplemented wane of nutrition required by the demands of menstruation, conception, pregnancy, and lactation. Every London physician can pick from his notebook numerous cases of young ladies, who have no useful occupation or amusements, whose bodily health and moral nature are perverted by the atmosphere in which they live, and whose delicacy is systematically fostered by their own mothers; and who thus become totally unfit for the position of mothers. Every accoucheur can tell us of the infants produced, of the care which has to be bestowed to rear them; so that physical education must not be confined to the lower classes.

Amidst the highest and the lowest strata there is a medium, the great middle class. It is among this class I find the best mothers and the least amount of degeneracy. This stratum is, no doubt, the back-bone of the country, from which is produced both the physical and intellectual material from which our great men are derived. The homely life, the domestic virtues, of this class are great factors in a nation's welfare.

In accordance with the wise ordinances of nature, the female has been endowed with highly complex organs for the reproduction and nourishment of our race. Woman's mission, if special organs be any guide, must ever be regarded in its association with motherhood, as purpose seems thereby fulfilled.

For the complete accomplishment of maternity important physiological changes, evolutional and nutritive, have to be undergone. Facts demonstrate that the forces tending to reproduction are weakened, that the reserve or supplemental materials from which the forces are drawn are not sufficient to meet the drain produced by pregnancy and lactation; or, in other words, that our feminine stock is not improving. Heredity steps in, and perpetuates or intensifies the evil, so that dangers to the race, affecting every stratum of it, are to be apprehended.

To be forewarned is to be forearmed; to recognize an evil is the first step to its removal. These observations will not be in vain if they lead to further discussion and ventilation of the great questions which, I believe, underlie the subject of suppressed or defective lactation in the women of our generation.

THE TREATMENT OF PUERPERAL SEPTICEMIA BY THE INTRA-UTERINE EMPLOYMENT OF IODOFORM.—Dr. William Gardner, in the Canada Medical and Surgical Journal, writes as follows: Iodoform, so valuable in the treatment of wounds, appears from recent experiments and experience to be equally valuable in the after-treatment of the puerperium. Dr. T. J. Alloway, of this city, published, in the number of this journal for April last, the abstract of a paper read at a meeting of the Montreal Medico-Chirurgical Society a short time previous. For details I must refer our readers to the paper, and will merely say that Dr. Alloway's method of employment of the drug is in the form of suppository made with cocoa by pressure, and that they are introduced within the uterus by a stilette spongetent introducer, Sims's speculum being used to expose the cervix uteri. Three cases successfully treated in this way are related. The temperature charts appended appear to indicate a very speedy result from the treatment. In the last number of the *Archiv. fur Gynakologie*, appearing two or three months ago, is a paper, by Ehrendorfer, assistant at Professor Spath's clinic, in Vienna, on the same subject. The writer does not seem to be aware of what has been done in this treatment on this side of the water; at all events he makes no mention of the matter. His experiments were begun in November, 1881. He employs gum arabic, starch, and glycerine as the excip-

ients for making the suppositories, and finds that the result is a more soluble suppository than one made of cocoa butter. The following is the formula: Iodoform powder, 20 grams; gum arabic, starch, and glycerine, each 2 grams. Make into three suppositories of the length of about five or six centimeters. The suppositories are passed into the uterus by means of a forceps. Abstracts of the history of twenty-seven cases thus treated are appended. They were all complicated cases, cases in which experience shows the danger of septicemia developing to be very great. Among them may be instanced forceps and version cases, craniotomy, decapitation, decomposing fetus, adherent placenta, retention of secundines after abortion, producing septic endometritis, etc. Of the twenty-seven cases three died. One of these was a case of placenta retained for many hours before its forcible removal under chloroform. The second was a face presentation with prolapse of the umbilical cord, a rupture of the cervix extending, as the autopsy proved, into the peritoneal cavity and leading to suppuration. The third was delivered by craniotomy. It was a difficult operation, and led to several fissures and rents of cervix and vagina. Death occurred nearly six weeks afterward. At the autopsy suppuration of the vagina and necrosis of the symphysis pubis and right sacro-iliac synchondrosis were found.

Both writers allude to the obvious advantages of this antiseptic over intra-uterine injections of carbolized water, etc. Those qualities of iodoform whereby it adheres to wounds, its insolubility, and its quality of slow vaporization whereby it continues to act for a long time render it most valuable, inasmuch as it renders unnecessary the frequent irritating disturbance of the parts, unavoidable in treatment by intra-uterine injections.

The Treatment of Cough in Phthisis. Dr. T. Henry Green (Lancet) says: In treating the cough in phthisis it is in the first place to be remembered that the complete expectoration of the phthisical sputum is all important, as its retention tends to cause infection of fresh portions of lung. Cough is therefore necessary, and, speaking generally, we may say that it should be interfered with by means of sedatives only with the object of procuring a sufficient amount of sleep, and cough sedatives are therefore admissible only during the night. I believe the old practice, and one still perhaps too frequently indulged in, of giving sedative cough mixtures during the day, or of combining sedatives with the tonic medicine, is much to be deprecated, for such treatment tends not only to interfere with the stomach functions, but also, in many cases, injuriously to check the cough. The twofold cause of the cough must also be borne in mind, the irritation caused by the diseased lung and that caused by the pharynx and adjacent parts; for, as pointed out by Dr. Lauder Brunton, the removal of one of these sources of irritation is often sufficient to prevent the reflex act. This explains the well-known fact that mucilaginous substances combined with the sedative render it so much more efficacious. The mucilage not only lubricates and shields the pharyngeal mucous membrane, but insures the local influence of the sedative. Practically, then, we may say that in attempting to control the cough in early phthisis, we should endeavor to influence the pharnyx rather than the lung or the reflex center. Some such combination as the following will in most cases answer this purpose: Solution of hydrochlorate of morphia, spirit of chloroform, and ipecacuanha wine, of each three minims; oxymel squill, or syrup of tolu, twenty minims; gum Arabic mucilage, twenty minims; water to one dram. This, which should be swallowed slowly, may be taken if necessary three or four times during the night; but it should if possible be avoided during the day. Some demulcent drink or lozenge containing marsh-mallow, liquorice, etc., without opium, will usually serve sufficiently to restrain the day cough. A sedative inhalation the last thing at night, such as conium and chloroform, or a little opium, is another valuable mode of checking cough and procuring sleep, but is more frequently called for in the later stages of the disease. Opium in medium doses, bromides, and other drugs which influence the respiratory center, are rarely necessary in early phthisis. The importance of promoting the early morning expectoration of the accumulated secretion by means of some warm drinks we have already alluded to. The treatment of cough by inhalations we shall again consider presently.

Atropine and Eserine in the Treatment of Conjunctival and of Corneal Ulcerations.—Dr. Archibald H. Jacob, in the Medical Press and Circular, says: Atropine has been in fashion for some years for

the treatment of almost all eye diseases, from the simplest scrofulous ulcer to the most destructive inflammations of the eyeball, the theory of its use in such cases being that it acted as a sedative to the ultimate nerve filaments, and thus was a remedy for photophobia, and that it relaxed the ciliary muscle, and thus relieved the eye of the ciliary spasm and posterior tension.

In the limited number of cases in which this latter purpose was aimed at, atropine is undoubtedly useful; in the minor affections, such as phlyctenular ulceration, it has, I believe, been proved to be of little value, and will shortly cease to be advocated by any one. Its physiological action, as we all know, is to dilate the pupil, and Dr. Harley explains this by presuming that it stimulates the sympathetic nerves which supply the radiating fibers of the iris. But the more usual view is that it paralyzes, in the case of the iris, the third nerve supplying the lenticular ganglion. We have no sufficient physiological warrant for placing confidence in its use in conjunctival and corneal diseases in which ciliary relaxation is not especially indicated. To these doubts as to the efficacy of atropine, Prof. Jaeger, of Vienna, gives the authority of his great name by the following recent pronouncement:

"Only when very violent inflammation of the cornea is present, is there any sense in the use of atropia. Atropia is used far too frequently. If a patient suffering from any eye affection comes to a physician, and he does not know what to prescribe, atropia, belladonna, and mercurial ointment are always at hand. Such physicians believe that they have in atropia, calomel, and mercurial ointment, medicines that are serviceable in all eye diseases, just as in former times every one resorted to bleeding in general diseases, gave purgatives, or otherwise acted according to rule of thumb."

With the change of fashion which periodically seizes upon ophthalmologists, eserine, the alkaloid of the calabar bean, is now the rage, and bids fair to take the rank heretofore occupied by atropia as the universal panacea. The physiological action of this drug, as has been shown by Frazier, is to destroy reflex action, and in this way it is supposed to paralyze the radiating fibers of the iris and allow the sphincter to produce contractions. A drop of a solution of two grains of eserine sulphate in an ounce of distilled water causes marked contraction of the pupil.

I believe, not only upon physiological grounds, but from experience, that eserine is far more worthy of confidence than atropine, and that it is an indispensable addition to ophthalmic therapeutics because of its faculty of suspending the reflex irritation from corneal ulcers and herniæ iridis; but to speak of it, as some authors do, as the sovereign remedy of conjunctival, corneal, and iritic diseases, is calculated to make the writers ridiculous and to cause disappointment to the practitioner from its use.

ANGINA PECTORIS IN WHICH THE ANGINOUS SYMPTOMS WERE RAPIDLY FOLLOWED BY PERICARDIAL EFFUSION.—Dr. Donald Hood, before the Clinical Society of London, said: The history of the case was briefly as follows: A gentleman, aged sixty-five, resting on a sofa, apparently asleep, was suddenly roused by the window curtains being on fire. He quickly jumped up to extinguish the flames, and within half an hour of this exertion he was suddenly seized with severe heart cramp. Seen shortly after by Dr. Hood, he was noticed as being blanched, barely able to speak, heart irregular and fluttering, pulse of peculiarly low tension, with agonizing cramp-like pain over cardiac region. Hot stimulating applications, brandy, ether, and opium were used freely, and the patient slowly lost the pain, and a general improvement of the circulation took place. Twenty-four hours after the commencement of the attack a soft pericardial shuffle was noticed; within a few hours it had deepened into a distinct rub. From this time during the succeeding ten days the case assumed all the characters of one of pericardial effusion, the amount of fluid being but moderate, and apparently completely absorbed within the ten days. A fortnight later the patient was found to have a systolic apex murmur, and symptoms of incompetency of the mitral valve rapidly developed. The patient died four months later from syncope, and at the time of death was the subject of cardiac dropsy. No post-mortem could be obtained. Dr. Hood suggested, as a possible explanation of the primary attack with its subsequent train of symptoms, that the patient was the subject of some fibroid degeneration of the heart. Roused from sleep by the flames, his alarm and exertions caused a sudden distension of the heart cavities, which possibly gave rise to some lesion of the visceral layer of pericardium and so started the pericarditis. In support of this hypothesis Dr. Hood called

attention to the series of cases of fibroid disease of the heart, collected and published by the late Dr. Fagge, in the twenty-fifth volume of the Transactions of the Pathological Society, and stated that in more than half of these cases the patients were found to have been the subjects of pericarditis. He further suggested that fibroid degeneration of the heart should be looked upon as a possible factor in those cases of pericardial effusion in which it was difficult to explain the cause of the pericarditis.

Dr. De Havilland Hall narrated the history of a patient who, soon after quarrelling with his son, was seized with pain in the precordium, and when seen by Dr. Hall the spasm was of a severe character, accompanied with frequent and feeble pulse; there was no murmur audible, and the temperature was not raised. The case clearly looked like angina, and Dr. Hall prescribed diffusible stimulants, with a subcutaneous injection of morphia. Two days later the patient was visited again, when it was asserted that, though better on the intervening day, pain was still experienced. At this time friction sounds were heard over the heart, and death occurred five days afterward. Dr. Hall considered that this case was plainly one of angina succeeded by pericarditis forty-eight hours after the attack. *Medical Press.*

Treatment of Diphtheria with Cyanide of Mercury.—(*Jahrb. f. Kindhlkde.*) Sellden made use of a solution of one centigram of the cyanuret of mercury in one hundred grams of water, and gave it hourly, in two teaspoonful doses, day and night. At first he employed a solution ten times as strong, but its bad effects upon the mouth, etc., compelled the reduction. In cases in which children were old enough to gargle, he allowed them to do so every half hour or hour with this solution. In 1881 he treated five cases of diphtheria with this preparation, and four of them recovered; in 1882 he treated thirty-two cases, only two of which died. Among those who recovered there were very few paralytic *sequelæ.* In addition to the diphtheria (all of the cases being well authenticated) he treated two hundred cases of angina of the tonsils and fauces with the same solution, and always with good results. It was with him a conviction that a simple angina might develop into diphtheria, and cases came under his observation which had many of the early symptoms of diphtheria, and was by him considered an abortive form of that disease. These were all treated with the mercury solution upon the supposition that diphtheria might develop. As a means of prophylaxis for persons who were exposed to the contagion of this disease, he was in the habit of giving daily a few teaspoonfuls of this solution to take inwardly, and recommended an occasional gargling beside. As adjuvants to this treatment he employed ice internally and externally, when it could be borne, and free stimulation. The latter procedure he considers very necessary in view of the danger of heart failure.—*Archives of Pediatrics.*

Ocular Troubles during Pregnancy and Confinement.—Métaxas ("*Recueil d'Ophtalmologie,*" October, 1883) divides his subject, as Power did, into four classes, viz: (1) Affections of the eye due to anemia and general weakness, such as corneal ulcers, accommodative asthenopia, and cataract. (2) Affections of the eye caused by a special lesion of the nervous system, such as diseases of the retina and optic disk, optic nerve, chiasm, and central ganglia. (3) Retinitis albuminurica, hemorrhages, and exudation into the retina. (4) Ocular diseases from causes still unknown. Ulcers of the cornea are very apt to occur during lactation. Iritis has frequently been met with during pregnancy and after confinement, and so have accommodative asthenopia and cataract. Métaxas adopts Pasteur's theory that puerperal fever is due to the presence of minute organisms or microbes, the germs of which, floating in the air and cultivated in the fluids which bathe the genital organs of the parturient woman, are introduced into the circulation and give rise to septic troubles, and among them to panophthalmitis and iridochoroiditis. These organisms do not develop so long as the blood is in motion, but only when the micrococci meet with an obstructed vessel in their course.—*Charles Stedman Bull, M.D., in New York Medical Journal.*

The Hematozoa of Man.—They are of various kinds, flukes, nematodes, and probably even proscollices of tapeworms. As regards the fluke named by me Bilharzia, in honor of its discoverer, its *rôle* in the production of hematuria is sufficiently well established. Within the last few years I have examined eight gentlemen who contracted the Bilharzia helminthiasis in Africa; and so common is the disease in Egypt that

it is said at least one third of the natives are hematurics. Dr. Sonsino has seen about three hundred cases, and Dr. Mackie probably twice that number. As a matter of comparative pathology, it is interesting to observe that whilst Bilharz and myself first found this fluke in man and monkey respectively, Dr. Sonsino has recently discovered another species of Bilharzia in cattle and sheep.—*T. Spencer Cobbold, M.D., in the Lancet.*

Chloroform.—Dr. K. H. Patterson, in Medical Press and Circular, asks the following questions:

1. How far may the operating surgeon apply with impunity, previous to and during an operation upon a patient, chloroform, and how much by measure may he apply?

2. In what surgical cases and in what circumstances may the operating surgeon, through his assistant, take the responsibility on himself when having as soon as possible to perform an operation?

3. Is chloroform always necessary or justifiable in surgical cases, or in what cases?

4. Can the operating surgeon be brought into trouble on account of an operation performed by him, and expenses afterward, for not applying chloroform?

5. In reference to occasional unpleasant, or regretted "expressions" of patients (or in certain illnesses of), while any of these who are under the influence of chloroform, can no mode or remedy be found to lessen or prevent their occurrence?

Placenta Previa.—After giving a careful analysis of fifteen cases of placenta previa, Dr. James Murphy (British Medical Journal) says: In all cases of placenta previa after the seventh month, labor should be induced, and previously to that, if the flooding be frequent or severe; labor should be induced by dilatation of the os, the placenta separated sufficiently to permit flaccidity, and the dilatation proceeded with to the full extent. If not contra-indicated, ergot should then be given, and the child removed by the most rapid and gentle method. Such are the remarks I have to present on the treatment of placenta previa; and, while they contain nothing particularly novel or original, and fifteen cases are too few to dogmatize on, still they are sufficient to fairly test a method which I have hitherto found successful, and I trust I have stated the line of treatment clearly and distinctly, so as to leave no room for hesitation for those who will follow it when called upon to act.

Sore Throat in Children.—"It is an interesting question," Dr. Ashby observes, "that does not admit of a certain answer: In what relation does epidemic tonsillitis stand to scarlet fever, or diphtheritic sore throat to diphtheria; are the poisons alike and yet essentially different, holding a relationship like that of varicella to variola, rötheln to measles, summer diarrhea to Asiatic cholera? Are these sore throats in reality the result of infection with attenuated scarlatinal or diphtherial poison? The remarkable results obtained by Pasteur in the cultivation of the organisms concerned in chicken-cholera and splenic fever are extremely suggestive, and may help to explain how at one time, or in one district, cases are extremely severe, and at another time or place the only effect produced consists in a series of feverish sore throats. Do such attacks of sore throat protect from scarlet fever? Long-continued and collective investigation alone can afford an answer."—*New York Medical Journal.*

Diabetic Paralysis of the Abducens. Gutmann ("*Centralblatt für prakt. Augenheilkunde,*" October, 1883) reports a case occurring in the person of a physician, aged fifty-three, who was suffering from general muscular weakness, and who thought he had tabes. He began to see double in May, 1883, while playing a game of chess. Hirschberg found paralysis of the right abducens, normal vision and accommodation, and normal pupillary reaction. There was a large amount of sugar in the urine. On May 16th the abducens paralysis was complete, and secondary convergence had appeared. After a sojourn of two months in Carlsbad, the diplopia had almost entirely disappeared, there was no convergence, and the sugar had entirely disappeared from the urine.—*Charles Stedman Bull, M.D., in the New York Medical Journal.*

Moncorvo: Dilatation of the Stomach in Children.—Nine cases of this affection are reported by the author between the ages of two and thirteen years. The cases were all well authenticated, careful physical examination having been made. The condition was associated in all cases with a chronic gastritis, which was due to improper alimentation. Most of them presented a

history of hereditary syphilis, and in one there was a precedent history of pulmonary tuberculosis. The treatment varied between phosphate of lime, bicarbonate of soda, bitter tincture of Baumè, and faradization applied to the epigastric region. The latter means is reported to have produced excellent results. In two cases resort was had to washing out the stomach, with satisfactory results.—*Rev. mens. des. Mal. de l'E., Nov. 1883; Archives of Pediatrics.*

Iodoform.—Dr. James Stewart writes, in Canada Medical and Surgical Journal, as follows:

External action: When iodoform is rubbed on the skin, it is readily absorbed into the blood. It does not give rise to any inflammation or irritation of the skin. Even when dusted over a sensitive wound, it seldom gives rise to any irritation. If too freely dusted on a wound, it may be absorbed in such quantities as to produce death.

Action when taken internally: In medium doses it seldom proves irritating to the stomach and intestines. As far as is known, it has no action on either the liver or pancreas. When absorbed into the blood it has the power of destroying the ameboid movements of the white cells, and of preventing their emigration into the tissues of an inflamed part. It is considered to have the power of increasing the number of red cells, but its blood-restoring qualities are so inferior to iron, arsenic, and phosphorus, that there is no field for its use as a hematinic.

Action on the circulation: Iodoform has a very similar action to chloroform on the heart, but more powerful. Ringer has shown that one fifth of a grain is sufficient to arrest the ventricle of a frog's heart, while it takes two minims of chloroform to bring about a like result. When absorbed in large quantities in man, it produces weakness, with great increase in the frequency of the pulse. Iodoform has no special action on the respiration.

Temperature: From the use of ordinary doses the temperature is slightly increased, but when absorbed in toxic quantities, this increase is very marked.

Nervous System: In ordinary medicinal doses, with the exception of causing headache, there is no perceptible action from its use. In man, its anesthetic properties are not noticeable. In cats and dogs, however, even in doses short of producing intoxication, it readily induces sleep. Its action in toxic doses onthe nervous system will be considered under the head of untoward effects.

On the kidneys: When it is used for some time it occasionally gives rise to a transient albuminuria.

Successful Abdominal Surgery.—Dr. Robert Battey, of Rome, Georgia, reports to the Virginia Medical Monthly eighteen consecutive cases of ovariotomy performed by him, all successfully. He employed a modified antiseptic treatment. He insists on having the patient under his immediate charge subsequent to the operation, and concludes as follows: "The friends of a patient are by no means the best nurses for an ovariotomy case. Whilst in England I was assured that no operator who had any character to lose would venture to stake it upon an operation to be done under such disadvantages. They all require their cases to come to them, and put them into the hands of their trained nurses."

ARMY MEDICAL INTELLIGENCE.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U.S.A., from February 10, 1884, to February 16, 1884.

Perin, Glover, Lieutenant-Colonel and Surgeon, Medical Director, is granted one month's leave of absence, with permission to apply at Division Headquarters, Missouri, for an extension of one month. (S.O. 16, Dept. of Dakota, February 9, 1884.) To be Assistant Surgeons, with the rank of First Lieutenant, to date December 3, 1883: *William D. Dietz, Walter W. R. Fisher, William Stephenson, Adrian S. Palheimer, John L. Phillips, Reuben L. Robertson, William C. Borden, Edgar A. Mearns, Guy L. Edie, William D. Crosby, William L. Kneadler, Charles M. Gaudy, Charles S. Black, James E. Pilcher, Alonzo A. Chapin.* (S.O. A.G.O., Washington, February 11, 1884.) *Brewster, Wm. B.*, First Lieutenant and Assistant Surgeon, resignation accepted, to date February 7, 1884. (S.O. A.G.O., Washington, February 11, 1884.) *Wilson, Geo. F.*, First Lieutenant and Assistant Surgeon, assigned to duty at Fort Walla Walla, W. T. (S.O. 14, Dept. of the Columbia, February 5, 1884.)

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U.S.A., from February 17, 1884, to February 23, 1884.

Patzki, Julius H., Captain and Assistant Surgeon, leave of absence extended one year, on surgeon's certificate of disability, with permission to go beyond sea. (S.O. 43, par. 9, A.G.O., February 20, 1884.) *Maddox, T. J. C.*, First Lieutenant and Assistant Surgeon, assigned to temporary duty at Meyer's Springs, Texas. (Per Post Orders, No. 27, par. 1, Fort Clark, Texas, February 13, 1884.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MARCH 8, 1884.

Original.

AN ALUMNI ADDRESS

Delivered Feb. 28, 1884, before the Alumni Association of the Medical Department, University of Louisville.

BY H. K. PUSEY, M.D.
(Class of 1849.)

Members of the Alumni: The best sentiments of our nature are those that draw their inspiration from the old homestead and the hearthstone around which our first purposes were formed, and where our highest ambition found expression in the selection of our life-work. Sentiments akin to these, my brothers and fellows of the Alumni Association of the University of Louisville, have brought us together this evening. We come as the children of a common parent, to render homage to our Alma Mater — to draw inspiration from the memories connected with her early history.

In honoring our Alma Mater we honor ourselves and cultivate a sentiment for which we are all the better. Then, as one of her earliest born, I appeal to all her sons, from the oldest to those who go out from her halls to-day, and invoke your aid in placing this Association on a basis that will reflect honor on ourselves and perpetuate our professional identity by linking, as we have, indissolubly, our names and our fortunes with the institution from which we spring. The Univers ty is attaining an age that will soon reach beyond the memory of her oldest alumni. It is fast becoming invested with the sanctity that antiquity brings.

* * * * * * * * *

Then come, my brothers, let us put to record the fact, and let it be perpetuated to our children's children, that we are of the Medical Department of the University of Louisville; that we now, in some degree, take into our hands the keeping of this grand old institution. While we enjoy the honors she has conferred on us, we will strive to preserve her name untarnished. Each, in his way, will endeavor to widen her fame and extend the sphere of her usefulness.

Every older alumnus ought to become a member of this Association—every younger one certainly will. The changes that time has wrought for us, the faults and foibles of our race that charity and the grave have covered, should leave the older doctor only pleasant memories to cherish, and such as can be revived pleasantly and profitably on occasions of this sort. To the younger fellows we would say, that soon time will have cleared away for you the rubbish of the present, with its disappointments and its rivalries, having lent its enchantment to the names and memories of to-day. You, too, in after years, we trust, will be able to point with pride to historic names on your diploma and to the University, and say: "This is my mother." Of those "These were my masters." I would be glad if I were able to pass the entire career of the University under such review as that food for pleasant reflection might be afforded to every one. But the mind of each individual alumnus turns instinctively to the period at which he was a student in her halls, and listened to the teachings of her faculty; to the circumstances that made up his pupil life; to the impressions he derived at the time from his teachers, and to his recollection of them as men and as masters. I shall, therefore, claim your indulgence while I speak from this standpoint of a faculty that comes down prominently into the medical history of the country, and of classes, many of whose names have won prominence as medical teachers, writers, and practitioners. I speak with the consolation, however, that each succeeding year may afford us impressions of other faculties and other classes, so that in time all may pass in review. In pursuing this line of thought the older may have some advantage in enjoyment over the younger fellows. The work of our great masters is done. Their fame is now the heritage of all. We can praise, and none will dare to "molest or make us afraid," for no rival is wounded, no peer is berated. Time has healed all wounds of disappointment. Ambition has spent its force and left us, let us hope, with sympathies educated to such tenderness by long contact with human suffering, that we can look gratefully to the memories of the past and hopefully to the prospects of the future. We are content to have lived at the period ordained for us; content with our lot in life, with the work we have done and are now finding to do.

In 1837 Charles Caldwell, Lunsford P. Yandell, John Esten Cook, and Charles Wilkins Short came from Transylvania University, at Lexington, and, associating with themselves Joshua B. Flint, Jedediah D. Cobb, and Henry Miller, they founded the Louisville Medical Institute. In 1840, by a charter amendment, it became the Medical Department of the University of Louisville. About this time, Samuel D. Gross, then the rising young surgeon of Cincinnati, replaced Dr. Flint in the faculty, and the philosophic Drake, then lecturing on

medicine in the same city, took the place of the celebrated Cook. The fame of these great names, and the central position of this then growing and prosperous city, soon arrested the tide of emigration eastward, and, having the whole of the great South and West to draw from, by the end of her first decade the classes of the University equaled any that had ever assembled in America, and surpassed in numbers any that have since convened in theWest or South.

About this time there put in his appearance, as a student of medicine, an inexperienced country boy. He may have been a green and ignorant fellow, may have been only modest, but he will never forget the tremulous timidity with which he first approached each member of the faculty. He had never seen one of them before. He had only read of them and heard them talked of by their pupils. Before them he could not repress the feeling that he was in the presence of the oracles of the divinity, at whose shrine he was going to worship. A letter of introduction was handed to Professor Yandell. His greeting was cordial but not assuring. He remarked: "Your preceptor is the finest looking man I ever saw." To this no reply was made. He asked: "How do you reach the city from your place?" "By stage," was the answer. This statement was not at all untrue, but it left a false impression. The story was unnecessary, for I have never believed that that great man would have thought any less of me if I had told him that I had walked to the city. There were no railroads in my part of the State then.

The impressions made by the faculty of 1847 on a boy of this sort may not be of much interest to the outsider of the present day. We were all boys then, except those of you who have been boys since. May be some of you were as green as myself, and yet the impressions we then received have never lost their interest to us. I see those here this evening whose memories go back with mine to that period, and catch a glimpse of the stately Caldwell, whose muscle and brain had maintained their integrity to an age that all men could honor without discrimination. There was courtliness in his manner of raising his hat to the student as he passed him on the street, or to the boys as they awaited him in the vestibule or lecture-room; and the apparently unconscious uncovering of heads always betokened an appreciation of his courtesies and the veneration in which the man was held. A great admirer of nature and nature's processes, Charles Caldwell was nature's nobleman. He had unbounded faith in the "*vis medicatrix naturæ*," and he was always jealous of any invasion of her methods by chemistry, physics, or therapeutics. To intimate that any vital function was performed according to physical laws, was to ignore the vital force, invade its sanctity, and degrade science. This involved him in numerous discussions, on the production of animal heat, the circulation of the blood, and other physiological processes. It was his habit to say, "as between nature and the doctor, put the latter out of doors." He was a firm believer in the science of phrenology, or rather in phrenology as a science, not to the extent of manipulating heads, but that the brain was an aggregation of distinct and separate organs, or nerve-centers, each organ or nerve-center presiding over a distinct and separate function in the cerebral economy, and that important topographical bearings of brain lesions might be gathered from the study. His faith in mesmerism involved him in the only discussion in which he ever appeared at a disadvantage.

C. W. Short will be remembered as a courteous, polished, and highly educated gentleman. A close student of botany, materia medica, and therapeutics, he taught classes accurately all that was known on these subjects. Apparently unambitious in his nature, and retiring in his disposition, he seemed farther removed from the pupil and more inaccessible than any of his colleagues.

Few of his pupils have ever acknowledged any superior to J. D. Cobb as a teacher of anatomy. With a clear, distinct, and resonant voice, he was an agreeable speaker and forcible lecturer, and invested the dry subject of anatomy with as much interest to the student as any man of his day. Cobb was considered the student's friend.

There was no member of that faculty by whose teachings and practice his pupils have stood with more unshaken firmness and confidence than those of Henry Miller. With some impediment of speech, he dealt with language only to convey his thoughts and facts. The undivided attention he always had from his pupils indicated the value they attached to the teachings they were privileged to receive at his hands. Long live the memory of Henry Miller!

There was no man of his day exerted a larger influence over the practice of medicine in the Mississippi Valley than did Daniel Drake. An original thinker, a close and accurate observer of facts, an agreeable and forcible writer, and withal an untiring student, he commanded the respect and admiration of his pupils and the confidence of his profession. Much of his power over his classes resulted from the unpretending simplicity of his character, the independence of his thought, and his apparent indifference to popular and professional applause. As a lecturer and orator he was after his own style. His like had not been before nor has it been seen since. He seemed to give himself to his subject, and to be borne along by it, to be impelled by the force of his own thoughts into some of the grandest flights of eloquence. Dr. Caldwell once said that Prof. Drake was the only man he ever knew who could set at defiance every known principle of rhetoric, logic, and elocution, and yet be a great orator and grand lecturer.

Of the members of that faculty, all are gone save one. Only two, the late L. P. Yandell and S. D. Gross, survived to a period late enough for the present generation to form their estimate from personal knowledge. Of these I feel justified in saying, that no two men, living or dead, have ever done so much for medicine and medical teaching, in the South and West, as have these two life-long friends. And though Yandell "be dead, he still liveth," and other generations of doctors will have come and passed away before his influence shall have ceased to be felt. No member of that faculty possessed so varied a genius or wielded so ready a pen. He was the man for any emergency. As simple as a child with his friends and the truth, to error and his enemies he was as terrible as an army with banners. He shone brilliantly and was lovable in every relation of life. As a teacher of chemistry he wielded the apparatus of the laboratory with a master's hand. His experiments and demonstrations never failed. As organic chemistry often led him into the domain of physiology,

his modern and progressive ideas always excited the apprehension of his venerable colleague, that the "vital force" was to be ignored and his branch degraded to the level of a physical science. While he was the most accessible member of that faculty, no one commanded more respect from the student, nor knew better how to make of him a gentleman as well as a doctor. His influence on the side of Christianity exalted the profession of medicine. As a father, his pupils honored and loved him for the parental pride and solicitude that were manifested by frequent allusions to his son, who was then a fledgling, pursuing his studies in Paris, but is now the distinguished Professor of Surgery in the institution founded by his father. They loved him for the tender address and gentle command of the lithe and active little boy bearing his name, who then stood at his back to supply his wants, but who is now the mature man, ripe scholar, and eminent Professor of Theory and Practice of Medicine in the University. No sentiment that these sons have ever uttered or written has done them more credit nor found a more hearty response than those in honor of their distinguished and now sainted father.

Samuel D. Gross, the Nestor of American surgeons, still lingers with us. God bless him! Burdened with the weight of years, with the aggregation of human experience, and the honors heaped upon him by a grateful humanity and a loving profession, he rests not from his labors. And why should he? Why should the world ever be deprived of so much knowledge, so much experience, while human suffering continues?

It would not be enough to say that the University of Louisville has ranked well, and that her faculties and alumni have compared favorably with other institutions of the land. This would not do justice to the distinguished names that have been mentioned, and that will be mentioned, on occasions of this sort, when the pupils of those who have followed the giants I have named, and sat under the teaching of Bartlett, Austin Flint, Silliman, Rogers, Eve, the elder Palmer, Bayless, Bemis, Breckinridge—"he of the golden mouth"—and the gentle and gifted Cowling, shall come to bring us their message.

Organized by the pioneers of medical teaching in the Mississippi Valley, the University of Louisville ever has maintained, and let us hope, ever will maintain an advanced position among medical schools; continue to supply them with their teachers, their periodicals with their editors, the American Medical Association with their presidents, and the chief cities of the Union with their leading practitioners.

This brief review of a brief period in the history of the University has been confined to the historic names of my great masters, with no intention to undervalue the claims made for others, or to ignore other great factors of her strength and usefulness. Be, then, my brothers, all of good cheer; our labors too go to make up the record of her fame. And, though we can not all be great, can not all be historic, we can all be honest and true. We can do, to the best of our ability, the work that falls to our lot, so that in the end, when "He that gathereth the bread from the waters" shall come to make up his account, we, too, shall receive a full reward.

LOUISVILLE, KY.

Miscellany.

HOSPITALS FOR INCURABLES.—Less than three years ago a well-known clergyman of this city sought to obtain for a poor woman suffering from phthisis, admission to some proper hospital. After repeated applications and repeated refusals, he eventually found, to his surprise, that there was no place for such except the almshouse. This woman was well bred, had once been in good circumstances, and now needed tender care and gentle nursing for the few days remaining to her. She was in no condition to endure the tender mercies of the county poor-house.

The clergyman referred to said, laconically, "If there is no place for such persons, *there should be.*" With the aid of friends he leased a private house, and in a small way opened a home for three or four consumptive patients. As the story of his endeavors became known, he found sympathy and assistance. The house became too small for the number of applicants, and finally the premises 219 Raymond Street were purchased and adapted to the purposes of the "Brooklyn Home for Consumptives." It has a capacity of thirty beds, and during the last year sixty-nine patients were cared for. The management is vested in a Board of Trustees, composed entirely of ladies, by whose energy the property is nearly free from indebtedness. It is already but too apparent that the accommodations are insufficient to meet the urgent demand for just such aid and shelter as are needed by this numerous class of sufferers. The management is of the broadest kind. No distinction of race, sect, sex, creed, or color stands in the way of admission. Patients in the last as well as those in the first stage of phthisis are received and tenderly cared for. Still further, patients are allowed to choose whether they will be treated by the regular or the homeopathic physicians in attendance.

It is true charity to smooth the descending pathway of those who feel that they are a burden to their friends—to relieve from the daily anxiety respecting the supply of food and a comfortable shelter—to provide them a *home.*

When the real needs of this class of hopeless sufferers are brought to the attention of the public in a proper manner, there will be little difficulty in providing a proper refuge for them.—*Benj. Edson, M.D., in the Record.*

STIMULANTS FOR COLD WEATHER.—The power of enabling the body to resist the influence of cold, which is the inherent property of all nutritious food, is known to be possessed by drinks, according to the measure of their fitness to produce and to maintain, without after-depression, a moderate stimulation of the nervous system. Some of them, no doubt, possess sufficient body to evolve a considerable measure of heat from chemical transformation of their component particles alone—notably cocoa; but this factor is, in the case of most such liquids, an insignificant assistant to that other faculty of exciting nervous energy, with all its resultant influences on the circulation, to which we have referred. It would only be in keeping with the common law of all physical actions that, the more gradual and regular this excitation is, the greater should be its permanence, and the less sudden its decline; and it is so. It is this continuance of effect, taken with its moderation, which constitutes the distinguishing feature and the greater value of warm beverages in which the active principle of tea, under one or other name, is found, over those which owe their exhilarating qualities to alcohol. Philosophical investigation has confirmed the teaching of practical experience that the stimulating glow imparted by the latter is but transient, and is quickly followed, if the draught is not repeated, by a stage of depression, which, in its turn, invites and enhances the chill which it is intended to prevent. Temperature is depressed; and so is function, muscular and nervous; and work, on the whole, is less efficiently performed than when no spirituous liquid is taken. In few circumstances, and only in its sparing use, is such an agent advisable. The maintenance of the body heat can only be included among these in the imaginary case in which other heat-producers are not obtainable, and where alcohol, in small, measured, and repeated doses medicinally given, must of necessity take their place, or where a diffusible stimulant of swift action is required, in order to gain time for the administration of other remedies to one whose vital power is nearly exhausted.

It is now coming to be generally acknowledged that, wherever possible, preference should be given to tea, coffee, or cocoa, for this purpose. Though variations exist in the digestibility of these several commodities, they possess in nearly equal measure the property of maintaining warmth. There are not many persons who can not indulge with freedom in tea of medium strength, prepared by simple infusion. Medium strength is, unfortunately, a point of much divergence of opinion; but the difference does not arise so much from the quantity of the leaf which is used, as from the method of its preparation. The true mean will best be realized by those who are content to adopt the somewhat tedious, but effectual method of infusion with boiling water merely, and to abandon the time-honored heresy of afterward roasting the tea-pot before a fire. This practice, which is commonest in humble homes, is well-known to medical men as a cause of chronic dyspepsia; and is, therefore, calculated to bring the good name of tea itself, most unjustly, into disrepute. The addition of a pinch of bicarbonate of soda to the water of the infusion will improve the flavor, and increase somewhat the digestibility of tea. Coffee, prepared in the French manner, strong, and diluted with an equal quantity of boiling milk; and cocoa boiled, of about the consistency of thin milk, will not derange any but the most delicate stomach. In certain idiosyncrasies, the bile-secretion is persistently deficient. This condition is not on the whole, common, and occurs chiefly in persons of the nervous type. It may, of course, exist in others as a consequence of disease. It forms, probably, the only constitutional barrier to the use of coffee or cocoa, properly prepared; and is, after all, not a decisive contra-indication. Any person may, however, lose the benefit he ought to gain from the use of these drinks, from want of skill, or from carelessness in their decoction; and that this want exists is but too evident. Particularly in the case of cocoa, the tendency is to make a mixture so thick and strong, that even the certain advantages of prolonged and thorough boiling will not suffice to overcome that heaviness which results from the ingestion of so much actual nutriment in the form of the fatty matter which it contains. If cocoa be made thin, the same amount of nourishment, the same result in heat will be gained; and a greater absolute bulk of liquid will be consumed with comfort, and without any consequent dyspepsia. Moreover, both it and coffee may be used for long periods without interruption, if only this propensity to overdo their strength be held in check; and the same is true in an even greater degree of tea. Is it necessary to add that the efficacy of all three, in promoting warmth,

is much greater if they be taken hot than if cold? Hot water by itself is no mean stimulant, and it certainly aids by its presence the beneficial action of the non-spirituous restoratives. We already see in many places signs of a gradual evolution of opinion, which promises to result in a practical admission, on the part of the public mind, of the principles we are advocating, as general as that which already prevails among authorities on hygiene in our own profession.—*British Medical Journal.*

Death in the Primer.—A boy at West Bromwich, aged twelve, has just committed suicide, to which, it is said, he has been driven by fears that he might not pass the sixth standard examination; and, coincidently with the announcement of this fact, there is made public the melancholy story of a little girl at Kingswinford, in Staffordshire, named Sophia Raybould, who died last November, under what must certainly be designated as suspicious circumstances. On the 8th of that month, she was seen sitting in the corner of her school-room crying, and evidently very unwell; and, being at once sent home by a kind and considerate teacher, she died early next morning. During the whole course of her short and sharp illness, she raved about her school work, and cried unceasingly, and almost with her last breath, "I can't do it! I can't do it!" Mr. James Bradley, who attended the child during her illness, certified that her death resulted from meningitis and convulsions; and added to his certificate an expression of opinion that the present system of cramming children is most injurious, and the statement that he had seen cases similar to that of this unhappy little girl.—*British Medical Journal.*

Antigalactagogues. — May I be permitted to add my testimony to the recent discussion in the Journal on the above subject? In India women use belladonna as a household remedy, as an external application over the breast, when they wean babies, as an antigalactagogue. They generally keep in their houses round, flat, and smooth stones to make extracts, by rubbing on them roots, nuts, wood, bark, etc., of different medicinal agents, using water, spirits, etc., as media. In the case of belladonna, they make a watery extract. I have seen it used as such with good effect. In my experience in cases of smallpox, where mothers were compelled to be separated from the babies, and where there was no hope of their return for weeks, I found a combination of five to ten grains of iodide of potassium, and five minims of tincture of belladonna, for a dose, given every four hours, answer admirably well, and, on looking over my cases, I find I never was required to administer more than twelve doses. In some cases, ordinary adhesive plaster was applied to support the breast, and, in a few painful cases, I used extract of belladonna and glycerine (1 to 8 strength) as an external application, with internal administration of iodide of potassium. In cases of threatning abscess, I have found a combination of iodide of potassium with cinchona a valuable remedy. I may say that Indian women use the fresh leaves of datura and a species of stramonium as antigalactagogues, and castor-oil plant leaves as a galactagogue.—*Dr. D. Makune, in British Medical Journal.*

Phthisis among Type-Setters.—The London Society of Compositors has called the attention of the trade to the excessive mortality prevailing among the members of their craft. In the quarterly journal of the Union, The Printer, statistics are given concerning funeral allowances, which for the year amounted to seventy-four. Out of this number, twenty-two compositors died from phthisis and thirteen from bronchitis, etc., thus giving a total of thirty-five deaths out of seventy-four due to diseases of the respiratory organs. Of course, figures given on so small a scale can not be relied upon; but there is no lack of further evidence to prove the unhealthy nature of the compositor's trade. We are glad, however, to note that the men themselves are beginning to take an intelligent interest in their own position, and that it is a workman who in a workman's paper points out the principal causes of this excessive mortality. The irregularity of the hours of work, the insufficient ventilation of the workshops, and the want of general cleanliness are acknowledged to be the chief factors of evil. The first grievance can hardly be altered, though excessive overwork might be discouraged; on the other hand, ventilation undoubtedly could be improved. In this, however, the workmen must look to their employers and to the inspectors under the Factory Act. They can scarcely be blamed for objecting to the sudden opening of windows, as this is not ventilation, but a violent and often dangerous change of atmosphere. The printing establishments, where there is steam power

constantly in use, mechanical—that is, the surest of all—ventilation could be easily applied. As for the third cause, The Printer frankly acknowledges the men have only themselves to blame. There is no reason why they should not wash their persons more frequently and take greater pride in the tidiness and general appearance of their workshops.* Instead of this, many men do not hesitate to throw the fragments of their meals in some corner, where they remain with other refuse, till the odor of decomposition becomes absolutely unbearable, and then only is an effort made to clear away the rubbish. In spite, however, of all these shortcomings, when men have reached the point of understanding their own faults they are not far removed from the period of reform. The great difficulty in reducing the danger connected with certain industries has always been the unwillingness of the workmen to adopt the prescribed precautions. Perhaps this is due to the suspicion with which they regard all advice given by the employers, and we therefore conclude that, as the good counsel now comes from a fellow-workman, this fact may be taken as a hopeful symptom.—*Lancet.*

A Little Knowledge.—A candidate at a recent examination for a scholarship under the School Board is reported to have made the following statement concerning the process of digestion: "The food passes through the liver, and evaporates by means of little holes called cappillaries." The examiner who published the answers suggests that this novel theory had its origin in the study of some cheap diagram of the digestive system. Knowledge of this kind is indeed a dangerous thing, and worse than conscious ignorance. There is a simple ignorance, and there is a compound ignorance, that is, there are people who are ignorant and know that they are; and there are people who are ignorant and think they know. The latter only are a dangerous class.—*British Medical Journal.*

A Novel Emetic.—Not very long ago, a young lady in Siam, wishing to suicide, swallowed a quantity of opium. (Medical Times.) Mustard, warm water, etc., were tried in vain. Finally the Siamese doctor procured an eel, clipped off the end of his tail to make him squirm in a lively manner, then poked the slimy fellow, tail first, down the dusky maiden's esophagus. Emesis was produced immediately, and the rash one's life was saved.

[This is from a "medical missionary" correspondent of the Medical Times. A double doctor, as a preacher-physician, should be very accurate in his reports. In this instance the chances are the minister of medicine and theology but tells the story of the Siam doctor or that of the patient's female friends. All beasts, birds, and fishes that swallow finny food whole, swallow it head foremost; to swallow an eel tail foremost would be very difficult. A popular remedy among the lower classes in America for dipsomania is to put a live eel in the liquor of the drunkard. It is claimed not to kill the fish, but to make the liquor fearfully emetic.]

Syphilis and Tabes.—M. Abadie does not accept Fournier's opinion, according to which every case of locomotor ataxy has a syphilitic origin. He says that atrophy of the optic nerve, though an early symptom, is never benefited by mercurial treatment. M. Ranse believes that some syphilitic lesions of the central nervous system may simulate, but not cause, true locomotor ataxy. *British Medical Journal.*

Pasteur on Vivisection.—M. Pasteur's words upon this subject are: "Never should I have the courage to kill a bird for sport, but when it comes to experiments I have never been troubled by the slightest scruple. Science in that case has the right of pleading the sovereignty of the purpose."

An Infant without Arms or Legs.—A Spanish medical journal states that there has been born in Madrid an infant with neither arms nor legs. In other respects it is well formed and healthy, and is now five months old.—*Medical Record.*

To check the secretion of milk, Dr. Verrall (British Medical Journal) recommends iodide of potassium, eight grains, and quinine sulphate, twenty-three grains, three times a day.

Professor John C. Dalton has been elected President of the College of Physicians and Surgeons, New York.

The Medical License Bill introduced into the Virginia Legislature has been passed and is now the law of the State.

*This remark does not apply to American printers, than whom no class of men is more careful as to personal cleanliness.

The Louisville Medical News.

Vol. XVII. SATURDAY, MARCH 8, 1884. No. 10

L. P. YANDELL, M.D., - - - - - - }
H. A. COTTELL, M.D., - - - - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

ALUMNI ASSOCIATION.

Medical Department of the University of Louisville.

This society held its regular annual meeting in the college building on the evening of February 27th, the President, Dr. Coleman Rogers (class of 1865), in the chair.

A violent storm prevented a large attendance; but the meeting was nevertheless one of considerable interest, and the regular business of the society was duly transacted.

Under election of officers, Dr. H. K. Pusey, of Louisville (class of 1849), was chosen President, and Dr. Nathan Bozeman, of New York (class of 1848), and Dr. F. C. Leber, of Louisville (class of 1864), were made Vice-Presidents by a unanimous vote.

Dr. E. P. Easley, of New Albany, Ind. (class of 1872), who has done much to place the organization upon a sound working basis, was re-elected Secretary. A committee was appointed by the chair to select an orator for the next college commencement. The majority of the graduates of the class of 1884 registered as members of the Association before leaving the city.

The address of Dr. Pusey, which will be found elsewhere in this issue, was an able effort, and made a profound impression upon the large audience assembled to witness the closing exercises of the college. The speaker passed in review some leading events of the University's career, and sketched tersely the characters of the great men who in its halls taught medicine to a generation which has well-nigh passed away. He warmed to his theme with the emotions of one who had been proud to sit at the feet of such masters, and whose memory loved to dwell upon the incidents of student life.

We believe that this address will do much to awaken an abiding interest in the Association among the older almuni, who, with the younger graduates, will leave nothing undone to make it at an early day, what it is destined to be, the largest and most influential body of physicians in the Southwest.

THE KENTUCKY STATE MEDICAL SOCIETY.

A letter from the President-elect, Dr. J. N. McCormack, informs us that the time of the regular annual meeting of this association has been changed from May 7th, to June 3d. The reason for the change is that to convene in May would conflict with the meeting of the American Medical Association.

Touching upon the prospects for the coming gathering, Dr. McCormick says: "We have an excellent committee of arrangements already at work, and the present outlook promises a good meeting, at least we shall do our part to make it so."

This change will doubtless prove to be a wise measure, since it will give the various committees, and members who are wont to entertain the Society, a month more of time for the maturing of reports and papers, while not a few will come to Bowling Green fresh from the A. M. A., who, under the stimulus there received, will add no little zest to the proceedings and discussions of the association.

Unless our Bowling Green friends come far short of former records, a rare treat is in reserve for all physicians who may be present at the meeting in June, and we hope that the attendance will be much larger than that of former years.

STRUCK BY LIGHTNING.

Dr. Alex. F. Samuels reports, in the New York Medical Journal, a case of obstinate ring-worm, which, resisting all known medicaments, readily succumbed to the faradic current, when applied empirically, as a last resort. The handle of the positive pole was placed at the end of the elbow, and the flat electrode of the negative pole was passed repeatedly over the site of the ring-worm. The itching, which had been intense, ceased immediately, and a clear exudation appeared on the surface of the skin. A second application, two days after the first, left nothing but desquamated epidermis over the seat of the disease.

The above is certainly novel, and if competent to destroy other parasites, that of favus, for instance, will prove to be a most valuable therapeutic measure.

As a result of analogical reasoning, it is strange that the discovery was not made long ago. Indeed it would seem scarcely possible that the modern medical philosopher could witness in his rural rounds the blasted tree, which so often meets his eye,

> "Not the hoar emblem of decay,
> But wreck of lightning's wrathful play,"

without turning from the macrocosm to the microcosm; and, sagely musing upon the mighty oak riven and withered to the root under the stroke of the thunderbolt, see in his mind's eye the trichophyton torn from its native heath, and blasted on an epidermic strand while, Jove-like, he hurls his lightnings down upon the fated protophyte as the crank of the faradic battery whirls round and round at facile fancy's touch. What a pity that such a discovery should have been made in so unpoetical and unphilosophical a way.

JOHN HUNTER was the accoucheur at Byron's birth. He gave counsel as to the management of the child's deformity, but it did not save the poet from a quack who came near putting him off his feet for life.

Bibliography.

Fifth Biennial Report of the State Board of Health of Maryland. January, 1884. Dr. C. W. Chancelleor, Secretary, Baltimore, Md. Annapolis: James Young, State Printer. 1884.

Medical Symbolism. By T. S. Sozinskey, M. D., of Philadelphia. Reprint from Medical and Surgical Reporter, January 5 and 12, 1884.

This pamphlet stands for much careful research in the domain of ancient medicine, and will serve any physician a good purpose who may be interested in tracing the steps by which medicine, keeping pace with the gradual unfolding of truth, has advanced from the shadowy mysticism of the past into the full light of modern science.

The Reciprocal Attitude of the Medical Profession and the Community: the Annual Address before the Medical Society of the State of New York, at the seventy-eighth annual meeting, delivered in Albany, February 6, 1884, by Alexander Hutchins, A. M., M. D., of Brooklyn, N. Y., President of the Society.

We have already published certain extracts from this able, elegant, and practical, address, and while these may stand as fair specimens of its contents, we should be remiss in our duty, if we did not advise our readers to peruse it in its entirety.

The Confederate Debt and Private Southern Debts. By J. Barr Robertson. London: Waterlow and Sons (limited), 95 and 96 London Wall. Price, one shilling. 1884.

Though not exactly a medical work, it is not improbable that some of our southern physicians may find in it matter which is well worth the reading.

The book is a pamphlet of thirty-eight pages, elegantly printed, in large type well leaded, and reads very much like a lawyer's brief.

We trust that the above suggestions may lead to a correct diagnosis.

Tribute to the late James Marion Sims, M. D., LL. D. By N. O. Baldwin, M. D., Montgomery, Ala., November, 1883. N. D. Brown & Co. 1884.

This tribute to the memory of Dr. Sims was spoken by Dr. Baldwin at the Memorial Meeting of the Medical and Surgical Society of Montgomery, held just after the death of his illustrious townsman. It is one of Dr.

Baldwin's most happy efforts, and will prove especially interesting to the profession at large, in that it contains many reminiscences of the great surgeon's sojourn in Montgomery, the city where Dr. Sims's great genius first became manifest, and where he laid the foundations of those achievements, operative gyecology, which redound to the glory of American surgery, and give to their author a name imperishable in the annals of of medicine.

A Practical Treatise on Surgical Diagnosis, designed as a manual for practitioners and students of medicine, by Ambrose L. Ranney, A.M. M.D., Professor of Anatomy in the New York Post-Graduate Medical School, etc. Third edition. Thoroughly revised, enlarged, and profusely illustrated. New York: William Wood & Co. 1884.

Veterinary Medicine and Surgery in Diseases and Injuries of the Horse. Compiled from standard and modern authorities, and edited by F. C. Kirby. Illustrated by four colored plates, and one hundred and sixty-eight wood engravings. Wood's Library of Standard Medical Authors for 1883. New York: William Wood & Co. 1883.

The International Enyclopedia of Surgery. A systematic treatise on the theory and practice of surgery by authors of various nations. Edited by John Ashhurst, jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania. In six volumes. Illustrated with chromo-lithographs and wood-cuts. Vol. IV. New York: William Wood & Co. 1884.

A Manual of Practical Hygiene. By Edmund A. Parkes, M. D., F. R. S. Late Professor of Military Hygiene in the Army Medical School; Member of the General Council of Medical Education, etc. Edited by F. S. B. François DeChaumont, M.D., F.R.S., F.R.C.S., Edinburgh, Professor of Military Hygiene in the Army Medical School, etc. Sixth edition, with an appendix, giving the American practice in matters relating to hygiene, prepared by and under the supervision of Frederick Owen, Civil and Sanitary Engineer. Vol. II. Wood's Library of Standard Medical Authors, for 1883. New York: William Wood & Co. 1883.

This work is authoritive in all matter pertaining to hygiene.

Correspondence.

BLEEDING IN A CASE OF DELIRIUM TREMENS.

M., a merchant of the village, called at my office one morning before daybreak, and aroused me. He was in a desperate plight, hatless and coatless; with blood-shot eyes and inflamed eyelids, trembling hands, and a nervous condition of the body. He told me candidly that he had been drinking greatly to excess for the last six weeks, that he had not slept a wink nor eaten a bite for the last sixty hours, and that he felt as if he were either getting crazy or getting the fits.

The patient was a stout, well-built, corpulent man; a high-liver, one who had drunk intoxicating liquors more or less all his life. On account of business cares he had lately lost all control over himself, and had been, as he himself expressed it, drunk for the last six weeks. I persuaded him to return home, and prescribed rest, small doses of stimulants, liquid, nutritious diet in small quantities, large doses of bromide of potassium and hydrate of chloral alternated, and saline purgation.

The next morning I found the patient somewhat calmer, but with a full, bounding pulse, and temperature of 102° F. His head ached and felt dull, and he seemed apprehensive of some calamity or mishap. He had slept about an hour during the night at broken intervals; he had been bothered very much by dreams and "foolish thoughts." His bowels had moved freely, the feces being watery, blackish, and fetid. I advised bleeding, to which the patient readily consented. I accordingly opened a vein in his right forearm, and let blood flow to the amount of fully three pints, when the patient, who was sitting on a chair with a cane supporting his arm, fell from the chair to the floor in a faint. Large drops of perspiration stood on his forehead, and his skin had a cold, clammy feeling; his pulse was now very feeble. We put the patient to bed, and covered him with quilts, and in a short time he rallied. I now ordered absolute rest, milk frequently and in small quantities, and one eighth grain of morphine every five hours. The patient was in his store two days afterward, asserting that he was entirely well. The marked benefit derived from the bleeding in this case induced me to make a report of it.

E. J. Kempf, M.D.
Ferdinand, Ind.

Selections.

THE DIFFERENCES IN FORM OF THE ADULT HEAD.—Dr. John C. Dalton said recently, before the N. Y. Academy of Medicine, that a short time ago he became interested in a new method of comparing the differences in the adult human head by means of paper patterns which hatters make when they fit customers with their hats.

He secured three hundred and sixty patterns of the heads of persons in various circumstances in life, but all in sufficient possession of their faculties to go to the hat store and get their heads measured for a hat. On comparing these patterns the following points were noticed: first, that there were differences in the general shape; that is, there were long heads and round heads. If one hundred be assumed as the standard width, the *medium* length will be represented by one hundred and twenty-five. The mean form, however, included all those between one hundred and twenty and one hundred and thirty in length; below one hundred and twenty being round heads, and above one hundred and thirty being long heads.

The regulation head is a symmetrical oval, like the long section of an egg, with the small end in front and the large end behind.

Lack of symmetry existed in nearly all the heads; it was the rule. He had not yet seen an absolutely symmetrical head. In examining brains, almost the first thing which strikes the operator is lack of symmetry. He thought it was not possible to make a symmetrical section of any brain; if symmetrical for the cerebrum it will be unsymmetrical for the cerebellum. Whether made vertical or horizontal, from before backward, or from behind forward, one lateral ventricle will be opened before the other will be entered. The student expects to find the brain symmetrical because books on anatomy illustrate it in that way, but it is not true.

Are these deficiencies in symmetry always in one direction? In the cases which he had examined there was a decided tendency to a preponderance in one direction. There was an apparent twisting of the head; the occiput a little more rounded on the right side, and the anterior part of the temple flattened in a corresponding degree on the opposite side, so that the entire brain looked twisted. The twist to the left side was most marked. In the three hundred and sixty cases there were twelve in which the twist was very perceptible, and of these nine were twisted to the left and three to the right.

In the three hundred and sixty patterns there was a preponderance of long heads over round heads—ten per cent round heads, and twenty-six per cent long heads.

Suppose we have two brains with differences in form, or one brain with differences in form of the two sides, does not this imply exaggeration or deficiency of certain parts of the brain which are endowed with special functions, and consequently there are differences in the operations of the nervous centers? It might seem so, and yet he was not at all sure that such an inference legitimately followed the observation.

All things considered, the depth of the convolutions, etc., Dr. Dalton thought it must be concluded that the two sides of the head may differ the one from the other, or two heads may exhibit differences, and yet the essential parts of the brain, so far as direct working of nervous centers is concerned, are precisely the same.

ON THE UNITY OF POISONS IN DISEASES.—By G. De Gorrequer Griffith, L. R. C. P.: In the brief space necessarily allotted me, it would not be possible for me to do more than give a very short summary of this subject.

In the year 1875 I first called attention to the fact, that what is termed scarlatina occurring in the puerperal is frequently not scarlatina at all. But, before I proceed further, I must explain what I mean. I hold that there are two forms of scarlatina: the orthodox, viz., that contracted from a previously affected person, or something infected thereby, and the septicemic, or toxemic, viz., that which is evoluted or generated *de novo*, as a result of autogenetic blood-poisoning, such as occurs in puerperal cases, or is evolved as a consequence of hetero-genetic blood-poisoning, such as arises (where no scarlatina had existed before) from drains, sewers, imbibition or ingestion of deleterious articles of drink—water, milk, cream, etc.—or of food, and from decomposing animal or vegetable substances. This toxemic or septicemic scarlatina, which is evoluted from the above causes, is identical with the "surgical scarlatina" of Paget, and will, on strict investigation, be found to be the form of scarlatina which more usually

prevails among puerperals. In saying "it is not scarlatina at all," I mean it is not the orthodox—namely, that which is recognized by all the profession and is, as all agree, contracted from a previously infected person or thing.

While carrying on this investigation, I was struck with the unity of origin in cases of puerperal fever, and typhoid also; and, in pursuing the inquiry, found how, from the same source, there would spring erysipelas; scarlatina, typhoid, puerperal and diphtheria fevers: sore umbilicus in infants, sore eyes, sore mouth, and sore throats, embracing a very wide area of inflammation and inflammatory conditions of palate, tonsils, pharynx, and, passing still further on in the respiratory tract, the larynx, the bronchi, the pleuræ or the pleuræ and lung, would be found involved; so that toxemic or septicemic laryngitis, bronchitis, pleurisy, pneumonia, and pleuropneumonia, attacking a variety of persons, may all, as in the case of the other forenamed ailments—viz., toxemic typhoid, etc., as I call them to distinguish them from the orthodox—be traced to the same causes; as could also hepatitis, diarrhea, dysentery, cholera, enteritis, hemorrhoids, and a large number of affections hitherto considered to be utterly distinct and having no connection with each other, no point in common, no place where all meet together, because they diverge so much afterward. Hence I formulated, as a heading to my papers, unity (as regards origin) of poison in the diseases I have just enumerated, and in many others usually considered to be separate and entirely distinct.

This unity and differentiation in the course of evolution is now recognized by many medical men. Moreover, I found one disease (I adhere to the current word), or, as I term it, one set of symptoms, to be evoluted from another, in some cases so far apart in nosological arrangement as to be said to be wholly and entirely distinct, distinct even to specificity; and a number of nosologically divided diseases (sets of symptoms) to be evoluted from the one unity-point, the one common ancestry, differentiated no matter how widely, as they actually become, afterward. I have, therefore, extended the formulated heading into "Unity of poison in diseases usually considered to be separate and entirely distinct; and the evolution of one from another apparently quite distinct, and of many diseases—seemingly all different—from one unity of common origin;" evolution from this unity leading to differentiations. Further, I recognize that symptoms occurring in the course of an affection, say such as scarlatina, symptoms which ordinarily are termed "complications, may become primary motors of disease, originating a fresh epidemic, it may be—fresh, inasmuch as it would differ from that in the course of which it was itself evoluted. For example: Diphtheria not unfrequently is met with as a "complication" of scarlatina (I would say it was part and parcel of the scarlatina), which, in this instance, would be spoken of as the primary disease, the other as being secondary; this latter would be conveyed to a number of persons, even to such a number, it may be, as to constitute an epidemic, spreading fast from one to another. Then this diphtheria would cease to propagate itself, or would cause something quite different to be evoluted, or would cause diphtheria to be evoluted in the persons exposed, or in the course of these evolutions it would hark back to that which it set agoing, viz., scarlatina; or there would originate or evolute, in a number of the exposed, certain other symptoms usually considered sequelæ, but not actually part of the scarlatina; so that another outburst of something seemingly altogether different from scarlatina and diphtheria would take place, to cause perhaps another new evolution; or, again, to hark back to scarlatina or diphtheria, or both combined, as it would be termed; or would, as it were, leap forward and cause to be evoluted, in a certain number of cases, a very ulterior sequelæ of scarlatina, say rheumatism or rheumatic fever and heart and pericardic affections, or the latter *per se;* or, it may be, nephritis (the scarlatinal form) would be evoluted, without any other intermediate symptoms being noticed, or any pre-existing warnings having been detected or indeed been noticeable or detectable, such a form of nephritis as would be infectious—infective nephritis I woull call it—inasmuch as it has the power to set up scarlatina, or diphtheria, or any other ailment or group of symptoms coming within the range of its infectivity. In this way new sets of symptoms may be evoluted, new outward manifestations of the inward workings or evolution, a new disease in fact, as would be said in current medical phraseology. In this I am fortified by the Bradshawe Lecture of Sir James Paget, and his and Sir William Gull's addresses on "Collective Investigation of Disease."

By unity of poison, I would beg my hearers to bear in mind, I mean, not that the

poison is always the same, but that the one poison—the one *origo mali*—whatever it may be, will originate several so-called different affections, widely different seemingly, widely different they would be spoken of, widely different even to be considered in every respect "specific."—*British Medical Journal.*

AN IMPROVED METHOD IN THE TREATMENT OF CERTAIN FORMS OF SKIN AFFECTIONS.—Dr. E. B. Bronson, before the New York Academy of Medicine, February 21st, said that, according to his experience, the gelatine preparations possessed but comparatively little value. The gutta-percha and collodion preparations were much easier used than were the gelatine, and he thought they would supersede the latter entirely. Although protection of the surface was a matter of first importance, a material which could not be readily applied was rather objectionable, and the deliberation also with which the gutta-percha and collodion mixtures could be used gave them an advantage over the gelatine preparations. He concurred with Dr. Morrow in the statement that these improved methods constitute a decided advance in dermatological therapeutics.

Dr. Jackson had been less favorably impressed with the gelatine than with the collodion and gutta-percha preparations.

Dr. S. Sherwell, of Brooklyn, said he had but little experience in the use of these preparations, although he had employed some of the paints. He could easily see how it might be inconvenient both to prepare and to apply gelatine; and he did not exactly see how either of these preparations could be applied to hairy parts and make them so effective as are the oleates or unguents.

Dr. Morrow said he had not experienced any inconvenience in the use of the gelatine preparations; and with regard to applying gutta-percha or collodion to the hairy scalp, for instance, he had the parts either shaved or the hair closely cut, when any of the mixtures could be applied without inconvenience.—*Medical Record.*

THE SECOND SOUND OF THE CAROTID ARTERY.—The assertion, first made by Weil, that the second (arterio-systolic) carotid sound was caused, in part at least, by the closure of the pulmonary valves, and was not to be regarded wholly as the transmitted aortic second sound, has received little or no mention, even in the most recent works on this subject. Weil based his theory upon the known transmission of the murmur of pulmonary stenosis, and also upon the (not constant) increase of the second carotid sound in the case of increased intensity of the second pulmonary sound. Dr. C. Bettelheim, having made a number of observations to determine this point (*Centralblatt für Klinische Medicin*, No. 47, 1883), now announces the same conclusions. In several cases in which the diastolic sounds differed in intensity and *timbre* at the two orifices, the second carotid sound corresponded with that at the mouth of the pulmonary artery, or apparently resulted from a mingling of the two sounds. In one case, particularly, of aortic insufficiency, in which there was a diastolic murmur, he heard two clear tones over the carotid. The existence of the second carotid sound in the case of aortic regurgitation is to be explained, he says, by the fact that in such cases the second sound is transmitted into the carotid from the pulmonary valves.—*Ibid.*

PICRIC ACID AS A TEST IN URINE CONTAINING QUININE.—Dr. William S. Paget, in the British Medical Journal, thus records his experience with picric acid as a test for quinine in the urine: I experimented first with a solution of sulphate of quinine in normal urine, and found that a recognizable opalescence was produced by the addition of picric acid to a solution of one fortieth of a grain of quinine to an ounce of urine. I now proceeded to try the internal administration, and took two grains at eleven A. M.; at two P. M. there was no reaction with picric acid; at four P. M. two more grains were taken, and at six P. M. the urine passed showed faint opalescence in the upper portion of the test-tube; after standing awhile, some urates settled at the bottom of the tube, colored by the picric acid; at nine P. M. a third dose of two grains was taken, and an hour later there was very marked opalescence; similarly, next morning, in the urine passed at seven o'clock. It is not remarkable that such should be the case, when it is considered that about two thirds of the quinine swallowed is believed to pass off in the urine, its excretion commencing half an hour from the commencement and continuing two or three days, though some of it may appear in the urine in a different form from that in which it is taken. With these facts in view, it is well to be on the look-out as to whether patients are taking quinine, especially as many prescribe it for themselves

without seeking medical advice; the dissipation by heat of course readily distinguishes it from an albuminous turbidity, and it is here merely noticed as an interesting chemical fact, which must be of common occurrence. The other alkaloids in common use, for example, morphia, atropia, and strychnia, do not react nearly so readily as quinine with picric acid, and, their medical dose being small, it is impossible for them to present this characteristic in the urine.

With reference to peptones, I have no personal experience, but I can indorse Dr. Geo. Johnson's opinion, that picric acid is a much more delicate test than Fehling's solution, having found that an exceedingly dilute solution of peptones yielded a distinct opalescence with picric acid, which solution had to be increased to five times the strength before the characteristic color with Fehling's solution could be detected.

ALUM IN HOOPING-COUGH. — This is a very old and efficient remedy in many parts of the world, as well with the profession as the public. It was the first I ever used, and still, after a fair trial of most drugs, I like it best. It may be given immediately after the cessation of the catarrhal stage, for which small doses of aconite answer best; in fact, as soon as ever the distinctive cough has appeared. I generally give it as follows, though at the same time I should like to say that the belladonna is not necessary:

℞ Aluminis sulph., ... gr. ii;
Tincturæ belladonnæ, ... ♏ iii to v;
Tinct. cinchonæ, ... ♏ xii;
Syrupi aurantii, ... ʒ ss;
Aquam ad. . . . . ʒ ii. M.

This is given three or four times a day for a child of four years. This mixture has a rough bitter-sweetish taste, and is much relished by children. It also answers well (without belladonna) in convalescence from broncho-pneumonia attended with head-sweating and loss of appetite.

The *modus operandi* of alum is not so clear. Dr. Meigs gives a dram in honey every ten minutes in croup till the child vomits, and in this disease prefers it to all other remedies; and it may possibly be by some action short of emesis that it acts in whooping-cough. I have, however, myself never given it in such doses (which could not be long continued), and am inclined to attribute its utility to its astringent, bracing, and tonic action on the blood and on the mucous membranes of the stomach and air-passages.

Hooping-cough proves fatal in most cases by subacute catarrhal bronchitis—a condition which small doses of alum are eminently calculated to prevent and restore.

It is possible, also, from its antiputrefactive properties, that it may exercise some deleterious influence on the *materies morbi*, or what I may perhaps call the germs of the disease. However this may be, alum is an excellent remedy. In the combination above given, I have almost invariably found it to lessen the cough, increase the appetite, strengthen the child, and in the end cure the disease.

Sometimes, however, a hacking spasmodic cough, preventing sleep, which no drug seems to relieve, occurs. Here, one or two teaspoonfuls of brandy, or less according to age, with a double or fourth part of hot water and very little sugar, answers remarkably well.—*D. H. Cullimore, M. D., in British Medical Journal.*

AMENORRHEA AND VICARIOUS MENSTRUATION.—By Samuel Wilks, M.D., F.R.S., Senior Physician to Guy's Hospital. (Medical Times and Gazette.) As regards vicarious menstruation, I have never published my opinions on the subject, but as a teacher of students, I have always denounced the absurdity, as well as the error in fact, of a belief in this imaginary disorder. I have had considerable experience of diseases, both in public and private practice, and I am still waiting to see an instance of this curious condition before I can throw off my incredulity. It seems to me that some of the greatest advances in medicine have been not so much by adding new facts to our knowledge, as by getting rid of old wives' fables, which, originating in the dark ages, have finally undergone a kind of glorification in the medical mind.

If there be no such thing as vicarious menstruation, the subject had better be eradicated from our medical books, and be no longer instilled into the minds of the young, as is now unfortunately the case, as I know from long experience as an examiner. Such questions as the causes of hemoptysis and hematemesis are among the most common put to candidates for diplomas, and one never fails to hear much vicarious menstruation. I have seen my late colleague, Dr. Peacock, at the College of Surgeons—a man of the mildest temper—get really angry when student after student would give vicarious menstruation as the first cause for hematemesis, looking over such frequent con-

ditions as ulcers or cirrhoses. The reason was clear; their memory was impressed by the very strangeness and oddity of the disorder, and so it came first to the front.

But lately having had to correspond about a case of hematemesis, in which vicarious menstruation was suggested as a cause, I was referred, in consequence of my skepticism, to Watson's lectures, a gospel which could not be gainsayed. I gladly refreshed my memory, but was certainly surprised to find that the author regards this condition as a very common occurrence. It is remarkable, however, that he relates no case of his own, but is content to give particulars of two cases, which date back nearly a century from the present time. Sir T. Watson says, "Women are liable to perverted menstruation (so to call it) through other channels than the natural one. Hemorrhage from the stomach occurring vicariously of menstruation is abundantly common. I told you, in a former lecture, that patients will sometimes menstruate, for years together, through the lungs, more commonly do they menstruate through the stomach." It is very significant that Sir Thomas mentions no case coming within his own knowledge, but is content to relate a case which was told him by Dr. Latham, and ends the story by saying, "This was the woman's own account, and there appeared no reason to question its accuracy." His other case is quoted from Pinel, and is that of a woman who spent her life in the *Salpetrière:* "This woman continued to *menstruate through her lungs*, at each monthly period, from her sixteenth to her fifty-eighth year, that is, during forty-two years." It may be observed how the change of locality of the function lengthened its activity to a very advanced period of life.

I feel great reluctance in thus criticising so esteemed a writer as the late Sir T. Watson, but the greater the weight of his authority the more need there is of thoroughly sifting the truth of doctrines of so extraordinary a nature as I have quoted.

As regards the other subject of Dr. Duncan's lecture, amenorrhea, I will only say a few words, since it is treated as a substantive complaint by many gynecologists. For my own part, I know nothing of such a disorder, nor of such remedies as emmenagogues. I believe, myself, that amenorrhea, like many other complaints, is the remnant of a popular delusion, and if so, it should be eradicated, like the other disorder, from the medical mind. I have a letter in my desk, written by a qualified medical man in reference to a young lady, the subject of phthisis, in which he says, that if I could give an emmenagogue to bring on the menstrual function, he had no doubt the patient would get better of the chest disease. I wrote back to say that I heartily agreed with him. This is only an extreme example of what one hears daily in cases of chlorosis and other disorders of girls. Feeling, therefore, so much in accord with the sensible opinions propounded by Dr. Mathews Duncan, I trust they will find their due weight on the minds of the younger members of the profession.

Hemorrhagic Diathesis.—Mr. Godlee, of the Northeastern Hospital for Sick Children, reports the following case with comments (Medical Times and Gazette): This is only another example of the well-known tendency of the peculiar affection to be transmitted through female members of the family to their male children.

M. L., aged fourteen months, presented all the characteristics of the hemorrhagic diathesis; it was bleeding at the time from its tongue, which it had bitten; and there was the usual difficulty in arresting it. The grandfather had bled, and there was a vague history of the same thing in some great-uncle, but no trustworthy evidence could be obtained. The grandfather had two daughters only; the eldest daughter has two children, a boy and a girl; the boy bleeds. The mother has had six children, four of whom were girls, and of these two are dead, one from "consumption of the bowels," and the other from "malnutrition;" of the two boys, the elder does not bleed, and the younger is the present patient.

It is unnecessary to add further comment on these cases, which, as far as they go, speak for themselves, as illustrating what Mr. Hutchinson has recently brought distinctly before the profession under the name of the "pedigree of disease."

The Employment of Different Antiseptics with Vaccination Lymph.—Pott gives (*Archiv. f. Kindhlkde.*) the results of a series of experiments in which vaccination was performed with lymph mixed with various antiseptic substances.

The substances used were carbolic acid in solutions varying in strength from one to five per cent, and solutions of salicylic acid (1.300), boric acid (35.100), and thymol (1.1000). These were mixed separately

with humanized lymph, in equal parts, in all cases excepting with the thymol. With this latter substance it is thought that the best results will follow a mixture of one of lymph and three of it. The mingling was done with great care, all extraneous substances being removed. Fresh preparations, as a rule, gave more perfect results than those which had been kept some time, even though in hermetically sealed tubes. The carbolic-acid mixtures were considered fresh and effective until they were four weeks old. Mixtures with a five per cent solution of carbolic acid were found to be useless for vaccination, the lymph having apparently undergone a change which rendered it powerless. The following cases may be assumed to represent the average result with the different mixtures: (1) A one-per-cent carbolized lymph produced ten pustules, four of which matured. (2) A two-per-cent carbolized lymph produced eight well-developed pustules, with only moderate evidences of inflammation. (3) A three-per-cent carbolized lymph produced ten pustules, with considerable inflammation and intestinal irritation. All the symptoms subsided without medication. (4) A four-per-cent carbolized lymph produced eight well-developed pustules, which followed the ordinary course. Diarrhea occurred from the seventh to the ninth days. (5) Salicylated lymph produced ten well-developed pustules. The only disturbance was diarrhea on the ninth day. (6) Borated lymph produced ten pustules. These were very large, and, being opened, yielded twenty capillary tubes of lymph. The reactionary inflammation was considerable, both arms being very red as to their upper parts, on the eighth day, with the skin hot and tense, (7) Thymolized lymph produced ten pustules. These also yielded an abundance of lymph, and were attended with extensive indications of inflammation. The author infers from his experiments, however aseptic a vaccination mixture may be, its usefulness is lessened, after the first few weeks, the longer it is kept, or, in other words, antiseptic agents do not have a preservative effect upon vaccination lymph. The practical value of aseptic lymph consists in the facts that it is of a fluid character, is free from fibrinous clots, and will go twice as far as the unmixed variety.—*Archives of Pediatrics.*

Septic Pneumonia in Newly-born and Young Infants.—(*Deutsches Archiv. fur Klinische Medicin.*): The following are the author's conclusions in respect to the matter under discussion: (1) Septic pneumonia in newly-born and young infants, which always progresses in conjunction with tracheo-bronchitis, must be considered as a catarrhal pneumonia, and usually as one which is produced by the action of foreign bodies. (2) It is caused by aspiration of amniotic fluid, or of genital secretions, or by inspiration of air which is made infectious by means of a septic process in the mother. (3) Septic pneumonia of the new-born usually progresses in conjunction with the diseases of the pleura, seldom with diseases of other organs. In this respect it differs from septic processes of other kinds in infants, which are indicated by the appearance of multiple deposits. (4) The alveoli and bronchi of children who have died of septic pneumonia are filled with masses of bacteria. (5) The blood of children who are sick with septic pneumonia shows a superabundance of white, and a crumbling to pieces, and solution of the red blood corpuscles. (6) Icterus is not constantly an attending phenomenon of the disease. (7) The disease most frequently attacks a subject on the first or second day post partum. (8) The fatal issue, which always occurs, usually takes place on the third or fourth day post partum. (9) The introduction of the septic materials into the lungs of new-born infants is favored by defective closure of the glottis, and by shortness of the principal and tributary bronchi. (10) The great extension of the septic process into the lungs is favored by active epithelial changes and by the narrow caliber of the finest bronchi as well as by the weak expiration of new-born infants, on account of weakness of the muscles of respiration.—*Ibid.*

Cider as a Preventive of Stone.—M. Denis-Dumont has examined the statistics of the Caen Hospital, and found that in fifty-nine years only four cases of stone in the bladder were admitted. In one, the nucleus was a foreign body; and in two, the patients drank wine and not cider, which is the ordinary beverage in Normandy. An inquiry made at Bayeux, Falaise, and in the departments of the Manche and Orne, showed that stone in the bladder was extremely rare where the use of cider was the rule. Meat being cheap and abundant in Normandy, the rarity of stone can not be ascribed to the use of a food

containing less nitrogenous substances than in other countries. The remarkable diuretic properties of cider, which M. Denis-Dumont has found useful in gravel, obesity, and some forms of gastritis, are considered to afford an explanation of this remarkable freedom from calculus. — *British Medical Journal.*

Without Micro-organism, no Suppuration.—The relation of the micro-organisms found in pus with the process of suppuration itself have been carefully investigated during the last two years, and several important papers have been published on the subject, especially in Germany. The experiments consisted generally in subcutaneous injections of sterilized irritating fluids or in the introduction under the skin of aseptic solid bodies. The results, however, have been contradictory. M. Strauss, from experiments made in M. Pasteur's laboratory, has arrived at the opinion that the introduction of irritating substances under the skin causes suppuration when micro-organisms have gained access at the same time, but that simple plastic inflammation is set up when all precautions have been taken to exclude them.—*British Medical Journal.*

Micrococci in Epidemic Cerebro-Spinal Meningitis. — In the *Gazzetta degli Ospitali* E. Marchiafava and E. Celli recall the discovery of micrococci by Klebs and Eberth in meningitis complicating pneumonia, and in traumatic meningitis. They also quote the discovery by Leyden of diplococci in the exudation in a case of primary sporadic crebro-spinal meningitis, and then proceed to give the result of their search for micrococci in epidemic cerebro-spinal meningitis, cases of which have for some time been frequent in S. Spirito Hospital in Rome. In two cases of the disease the authors were able to make the autopsy a few hours after death, and to conduct the examination of the exudation and of the infiltrated pia mater with all the precautions required for such delicate microscopical researches. Preparations were made from the exudation by drying, and they were colored with a weak alcoholic solution of methylene blue (turchino di metilene). Micrococci were found in all the preparations, single or in the shape of diplococci of somewhat oval shape. They were free in the intercellular liquid, or included in the protoplasm of the white cells, rarely in that of the endothelial cells. Specimens of blood and splenic pulp from the same bodies, and prepared by a similar process, exhibited no organisms under the microscope. *Lancet.*

Combination of Lipoma and Extostosis.—At a recent meeting of the New York Pathological Society, Dr. J. A. Wyeth presented a specimen consisting in part of bone and in part of fatty structure, possibly constituting the rare condition of osteolipoma, but few cases of which have been placed upon record. The tumor was removed from a woman fifty years of age, and was situated upon the radius about one inch from the carpal articulation. The fatty tumor, consisting of two lobules of considerable size, was connected with the small bony exostosis by means of a pedicle. He was inclined to accept the view suggested by the president, that the lipoma developed independently of the bony tumor, and that their connection was accidental.

The Sixth Annual Meeting of the Sanitary Council of the Mississippi Valley will be held in Memphis, Tenn., on Friday, March 21st.

ARMY MEDICAL INTELLIGENCE.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U.S.A., from February 24, 1884, to March 1, 1884.

Brown, Joseph B., Lieutenant Colonel, and *Billings, John S.*, Major-Surgeons, directed to attend the Internation Health Exhibition, in London, and, as delegates, the International Medical Congress, at Copenhagen, to be held in May and August next, respectively ; also to include Berlin in their route to or from Copenhagen, and to be governed by special instructions from the Surgeon-General in complying with this order. (S.O. 44, par. 8, A.G.O., February 21, 1884.) *Woodward, Joseph J*, Major and Surgeon, leave of absence still further extended six months on account of sickness. (S.O. 44, par. 11, A.G.O., February 21, 1884.) *Horton, S. M.*, Major and Surgeon, having reported at these headquarters from leave of absence, ordered to Fort Hays, Kansas, for duty. (S. O. 40, par. 2, Headqrs. Dept. of Missouri, Fort Leavenworth, Kansas, February 20, 1884.) *Dietz, Wm. D.*, First Lieutenant and Assistant Surgeon, assigned to temporary duty at U.S. Military Academy, West Point, N. Y. *Phillips, John L.*, First Lieutenant and Assistant Surgeon, assigned to temporary duty in Dept. of the East. *Mearns, Edgar A.*, First Lieutenant and Assistant Surgeon, assigned to duty in Dept. of Arizona. *Kneedler, Wm. L.*, First Lieutenant and Assistant Surgeon, assigned to duty in the Dept. of Dakota. *Black, Charles S.*, First Lieutenant and Assistant Surgeon, assigned to duty in Dept. of Texas. (S.O. 46, par. 1, A.G.O., February 25, 1884.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

ROYAL COLLEGE OF SURGEONS OF ENGLAND LIBRARY

SATURDAY, MARCH 15, 1884.

Original.

REFRACTIVE AND ACCOMMODATIVE TROUBLES REQUIRING GLASSES.

BY R. MAUPIN FERGUSON, M. D.
Surgeon to Eye, Ear, and Throat Department of Louisville City Hospital.

Every eye which is not diseased and of proper shape is able to see accurately at an infinite distance and at all intermediate distances up to a few inches of the eye until the insidious changes of age, which begin to be felt at about the forty-fifth year, produce their deleterious effects. Such an eye has been taken as the typical eye, and is said to be emmetropic, and is of such a shape that parallel rays of light are accurately focussed on the retina when the eye is in a state of rest. Rays of light proceeding from an object twenty feet distant, or at any greater distance, are practically parallel, and hence can be seen without any muscular action. On the contrary, objects nearer than twenty feet emit diverging rays of light, and the focus, if the eye be in a state of rest, would fall behind the retina. In order to bring these rays to a focus the eye must accommodate to this distance, which is done by the action of the ciliary muscle on the crystalline lens causing an increased convexity of the lens and thus bringing the rays to a focus on the retina. The range of vision is here so great that all objects which are not too near (within a few inches of) the eye may be seen with distinctness. Such an eye may view the trees, the hills, the mountains, the clouds, the planets, and even the fixed stars millions of miles away, with a facility equal to that by which it deciphers the printed page, and in each case the vision is accurate. It is only when the object is brought to within a few inches of the eye (varying from about 4″ to 12″ or 18″) that absolutely accurate vision is not obtained.

Such an eye is sufficient for the easy and perfect fulfillment of all the ordinary purposes of life. It retains its pristine vigor until about the forty-fifth year of age, and then it begins to fail. Up to this age the eye is perfect in the performance of its functions and no glasses are needed. At about this age glasses are needed for close work, as in reading. Provided that the eye remain healthy, even in quite old age glasses are capable of rendering reading possible and easy.

From the normal, typical, or emmetropic eye two variations occur: in one the eye is too short and in the other it is too long.

If the eye be too short it is said to be far-sighted, and is called a hypermetropic eye. Parallel rays of light come to a focus behind the retina and as a result the ciliary muscle is called on to work even in looking at an infinite distance. Such an eye has nearly the same range of vision as the emmetropic eye, only it can not see an object at quite so short a range. There is this difference, however, in the two eyes:

In the emmetropic eye no accommodation (muscular action) is necessary except when the object is nearer than twenty feet, whereas in the hypermetropic eye *every act of vision* requires accommodative muscular action, and as the object approaches the eye the power exerted must be greater and greater. While the emmetropic eye can work for hours without fatigue, the hypermetropic eye soon becomes fatigued, so that work must be given up. During youth, however, the hypermetropic eye is often capable of performing its work very satisfactorily, but it succumbs earlier than usual to the influence of age. Such an eye often needs glasses at the fortieth, thirtieth, and twentieth year, and even earlier in high degrees.

This failure from an over-worked muscle generally manifests itself at first when reading or doing other fine work close to

the eyes at night with a bad light. When work is first begun all runs smoothly, but in a short time vision becomes troubled, the printing indistinct and blurred, letters run into one another, a feeling of fatigue, or dullness or drowsiness comes on, and the book or work must be given up. Many persons also suffer from headache or neuralgias dependent solely on the eyes, and most frequently upon this hypermetropic eye, who could obtain not only complete relief from the headaches, etc., but also obtain vastly improved vision by wearing suitable glasses.

These unpleasant sensations are often so annoying that reading, knitting, sewing, etc., must be completely given up. A vast number of clerks, printers, seamstresses and the like, who busy themselves with fine objects are greatly annoyed by this condition and often even lose or give up their positions. These are generally convinced that the close work, the peculiar light, or some other such cause is responsible for the trouble and that their eyes are greatly injured thereby. When they get suitable glasses they are much surprised to find that these supposed injurious causes are powerless.

With regard to the hypermetropic eye, the so-called far-sighted eye, it is generally and wrongly believed to be an eye which can see at a greater distance than is usual. Such, however, isn ot the case, for even the emmetropic eye can see at an *infinite* distance, and that without any effort, whereas the hypermetropic eye must use muscular action to see at any distance with distinctness.

The near-sighted or myopic eye is a long eye—just the opposite of the far-sighted eye. Such an eye really can see small objects distinctly closer than the ordinary or emmetropic eye. It is, however, particularly distinguished by the *inability to see distinctly at a distance.* This eye sees distinctly only when the objects are close to it, all other objects are blurred. Thus a near-sighted person never sees the various objects of nature with any distinctness, is incapable of recognizing friends, or of reading signs across the street, and is forced to guess at the true shapes of objects. The near-sighted eye is generally a diseased eye, or rather a delicate eye, one which should be treated with great consideration.

In high degrees of near-sightedness there are almost invariably changes in the interior of the eye which may and frequently do advance to such an extent as to greatly damage the sight and not infrequently produce complete blindness. For such eyes nothing is more injurious than close attention to small objects held very near the eye, as this causes straining and stooping which have a tendency to produce congestion and softening of the posterior part of the eye, and this increases the length of the eye which increases the near-sightedness. Thus the shape of the eye causes habits and conditions which in their turn increase the original trouble.

Suitable glasses clear up the fog or mistiness which hangs over all objects at more than a few inches from the face, and open up a world of beauty which before was lost to a great extent to the near-sighted eye, and in addition remove the near point to such a distance that the stooping posture is unnecessary. The most extreme care is requisite however in the choice of glasses for the near-sighted. The oculist alone is capable of determining the proper glass, and the patient should never attempt to select his own glasses, as a mistake is very easy to make, and great and permanent injury may be the result. As a rule the two eyes are alike, that is, they are either both near-sighted, or far-sighted, or emmetropic. Exceptionally, however, one eye differs considerably from the other; and in some cases while one eye is near-sighted the other may even be far-sighted.

Another malformation of the eye causes astigmatism. In this disorder the vision is very imperfect and the ordinary glasses are of no service whatever. In astigmatism it is sometimes observed that horizontal or perpendicular lines are seen with greater accuracy than others at right angles to them. This may be particularly evident on looking at the face of the clock, when it may be observed that the xii and vi may be very plain but the iii and ix, perpendicular to them, are very indistinct. Astigmatism may be and generally is associated with either near-sightedness or far-sightedness, thus complicating the affection considerably. For this condition glasses must be ground to order and then given a certain position in their frames. In no class of patients do we hear such strong expressions of delight as in those who have their astigmatism corrected by suitable glasses. Such patients have as a rule tried various pairs of spectacles (convex and concave), belonging to relatives and friends, and, finding no improvement whatever, are often led to the opinion that they have amblyopia, that sight is failing, and are at times greatly distressed. It

is no surprise that they are delighted when, along with their glasses, they receive the positive assurance that *with their glasses* their eyes are as good and as strong as those of other people.

As a result of changes occurring in old age, all eyes gradually lose their power of accommodation. The effect of this loss varies with the character of the eye. As we have already seen, it renders glasses necessary for reading even in the emmetropic eye at about the forty-fifth year of age, and far-sighted eyes need them much earlier. In near-sighted eyes, however, glasses for reading may frequently be dispensed with for a number of years later.

As the time approaches when glasses are necessary on account of age, it will be found that printing is held much farther from the eye than is usual, even at arm's length, that a bright light is sought and placed so that the light shines in the eye as well as on the printed page. Reading at night becomes difficult. These are the symptoms of the increasing age. It is useless from vanity to worry on without glasses, for in a short time they will be absolutely necessary. Such eyes can still see at a distance of twenty feet or more just as well as ever, and it is only in extreme old age that vision for the distance also needs the assistance of glasses.

These are the more common conditions requiring glasses. Besides these, however, glasses are of service in a great number of other cases, but of these I do not propose to speak at present.

There is a widespread belief that glasses are worn by a great number of persons merely through affectation, and it is a common remark that the number of people who use glasses has greatly increased in the last few years. This is true; but not so much from any increase in the number of persons with diseased eyes as from the number of persons who are being relieved by more competent oculists. A few years ago this work was left entirely to opticians, who as rule merely kept a stock of glasses and allowed the patients to make their choice.

It is a fact that an eye may see perfectly through various glasses at a certain distance and still have absolutely no need whatever of glasses, or may need glasses of quite a different strength. It should never be forgotten that glasses like drugs, though the instruments of relief, in the hands of those ignorant of of their effects and the condition to be relieved, are very capable of acting most deleteriously. Before glasses are ordered the condition of the optic nerve, retina, choroid, etc., should be invariably examined, and above all when perfect acuity of vision can not be obtained. Those who are incapable of making such an examination with the ophthalmoscope are unable to know the exact condition of the organ, and should never attempt to treat it, as important lesions in the deep-seated structures of the eye may be overlooked and glasses ordered, and the use of the eye permitted, when absolute rest or other treatment is in reality needed.

LOUISVILLE, KY.

Miscellany.

INFLUENCE OF FLOODS UPON HEALTH.—The following timely comments and suggestions have been put in circulation by our State Board of Health:

OFFICE OF THE STATE BOARD OF HEALTH,
BOWLING GREEN, KY., Feb. 28, 1884.

To the Boards of Health and People of Kentucky:

Now that the waters of the great flood are receding, and the people who have been forced from their homes are making preparations to return to them, it seems proper for this Board to call the attention of the health authorities and people to the dangers to health which are likely to follow in the wake of the flood, unless the proper precautions are taken to avert them. So far as we have been able to avail ourselves of it, the experience of those physicians who have had the best opportunities for observing the influence of floods upon the public health seems to show that the chief dangers are not of the unavoidable kind, but are those incident to exposure during the continuance of the flood, and to too early return to the houses after the water has gone down. One would naturally expect, if the houses are occupied while the walls, floors, and cellars are still water-soaked or damp, that lung affections, rheumatism, and such like diseases would be very frequent, and in the past, so far as we have been able to gather, such expectations seem to have been realized.

On the other hand, the strictly malarial diseases appear to be less frequent in river counties after great floods than in ordinary seasons, probably because the large mass of decaying vegetable matter, which is an essential factor in the production of malaria, is swept away by the waters. Fortunately, then, most of the evils which follow floods may be hopefully combated. By draining and cleaning the cellars and yards and thoroughly drying the houses by means of continued heating and ventilation, most of the dangers to health can be removed, and we call on the local, State, and national authorities, and public who have so generously responded to calls for aid in the past few weeks to hold their liberality a little longer, and supply the poor of the submerged districts with

an abundance of fuel and other means necessary to carry out these plain and important suggestions.

This much as to the present flood and the immediate steps to be taken, and now a few words as to the future. In this, as in most other departments, sanitary work is in its infancy in this country, and we regret very much that the information on this subject in possession of the health authorities and the medical profession is not more definite. Little has been written on the subject, and that little is so scattered through the transactions of medical societies and journals that it is of little practical use. It is the purpose of this Board to make a systematic effort to collect all the facts in regard to the floods of the present and past year, in so far as they relate to the health of the people of the State, so that in future we may be able to calm useless fears in regard to apparent dangers, and intelligently combat the real ones. Circulars will be sent to every county and city health board whose jurisdiction extends into any of the submerged districts to this end, and we earnestly request all physicians practicing their profession in such districts, and all other intelligent people, to co-operate with their respective boards of health and with us in collecting such information.

PINCKNEY THOMPSON, M. D., *President.*
J. N. MCCORMACK, M. D., *Secretary.*

ELECTRICITY IN THE SLAUGHTER-HOUSE. Mr. George L. Fox, of London, has devised an apparatus for slaughtering animals by electricity. We find the following description of it in an exchange:

The animal to be killed has first the top of its head and its feet and its legs wetted with salt water; it is then led into a stall and made to stand upon an iron plate connected with the negative pole of a condenser of a capacity of about one hundred microfarads. The operator then touches the animal's head with the positive pole, and it falls dead. The death is believed to be painless, because physiologists have demonstrated that a nervous vibration can not be communicated to the brain in less than the tenth of a second, and another tenth of a second must elapse before a sensation can result from the vibration thus communicated. One fifth of a second must, therefore, necessarily intervene between the actual infliction of an injury and the experience of pain from it. But the flash from such an apparatus as has been described presumably paralyzes every fragment of a nerve in man or beast in something like a hundred thousandth part of a second. It is said that for about two thousand five hundred dollars, such an electrical apparatus as is here alluded to may be fitted up in any stable or outhouse, and that it will kill as rapidly as animals can be placed in position and taken away again.—*Popular Science News.*

CARBONIC ACID AND THE DEVIL.—When Friedrich Hoffman discovered carbonic-acid gas, and traced its effects on animal life, he was denounced by more than one German university as hostile to religion and verging toward atheism. Three or four students at the University of Jena, says the Popular Science News, in the attempt to raise a spirit for the discovery of a supposed hidden treasure, were strangled or poisoned by the fumes of the charcoal they had been burning in a close garden-house of a vineyard near Jena, while employed in their magic fumigations and charms. Only one was restored to life, and, from his account of the noises and specters in his ears and eyes as he was losing his senses, it was taken for granted that the bad spirit had destroyed them. Hoffman admitted that it was a very bad spirit that had tempted them, the spirit of avarice and folly; and that a very noxious spirit—gas, or *geist*—was the immediate cause of their death. But he contended that this latter spirit was the spirit of charcoal, which would have produced the same effect had the young men been chanting psalms instead of incantations, and acquitted the devil of all direct concern in the business. The theological faculty took alarm; even physicians pretended to be horror-stricken at such audacity.

CONCENTRATED HOMEOPATHIC VIRUS.—A prominent homeopathic journal published east of the Rocky Mountains, which has an editorial staff of nearly twenty members, contains an article on what it is pleased to call "Allopathic Medicine," the venom of which is concentrated rather than diluted. Here are the opening sentences: "The allopathic school of medicine is the most heroic, confused and unreliable of all the schools. Its instruments are of every degree of savagery, its drugs dangerous, it doses enormous, its results deadly. It hates every other system of practice. Vain, heartless, and prejudiced, it would rather kill patients *secundum artem* than save one life by practical common sense!" And again: "The beauty of girlhood, the flower of womanhood, and the glory of manhood, under the influence of the fatal allopathic dose have passed from light into darkness. How many would today be living to cheer beloved friends, had not the poisoned-armed allopath darkened the doorway!"

Such malignant utterances call to mind what is written somewhere of the prince of darkness, that he came down in great wrath

knowing that he had but a short time to live.—*Pacific Med. and Surg. Journal.*

Polysyllabic Pedantry.—Scientific technicalities have their use and their place, but become ridiculous when used out of place, or where plain English will answer the purpose as well. (The Popular Science News.) Dr. J. J. Reeves, in a late address before the Medico-Legal Society of Philadelphia, remarks: "Many of you have doubtless read of the laughable scene described by the late Professor Taylor as occurring in one of the English courts at a trial for assault and battery, where the medical witness, in giving his evidence in the case, informed the court that, in examining the prosecutor, he found him suffering from a severe contusion of the integuments under the left orbit, with great extravasation of blood, and ecchymosis in the surrounding cellular tissue, which was in a tumefied state. There was also considerable abrasion of the cuticle. This magniloquent description for a time bewildered the court, until it was resolved by the judge himself into the simple words, *a black eye.* Surely, no man of sense need be told that all such affectation and pedantry are in the worst possible taste, and are calculated to bring the witness into deserved contempt.

Perils of Health Resorts.—The Medical Times and Gazette says: It is announced that Dr. Theodore Williams is laid up in the Riviera with typhoid fever, and that Mr. J. S. Balfour, Mayor of Corydon, and M.P. for Tamworth, had been struck down by Roman fever since his return from a tour in Italy. Last summer one of England's most eminent men of science, Mr. Spottiswoode, succumbed to fever which he contracted in Rome; and, among persons less prominently in public view, cases of serious illness followed upon visits to the Continent in search of health or pleasure. Some so-called health resorts are, it is to be feared, little better than ambuscades of disease, where invalids may incur maladies more formidable than those from which they seek relief, and where those who accompany them run risks of being themselves invalided.

Mr. Christopher Heath has undertaken to edit for Messrs. Smith and Elder a "Dictionary of Practical Surgery," on the lines of Quain's Dictionary of Medicine, which has scored such a satisfactory success. The new dictionary is to be a compendium of the practice of surgery of the present day, readily available for reference by the busy practitioner, and it is hoped that it will be published within two years from now. The articles will be signed and will be expressed as concisely as possible, historical details being omitted, the question of pathology only discussed when absolutely necessary. The profession will look forward with great interest to the publication of this work, which is much wanted, and which will no doubt fully come up to the expectations which all who know its editor will have formed of it.—*Medical Times and Gazette.*

Chorea in Pups.—An epidemic of canine chorea is reported from Liverpool, by Mr. W. J. Welsby, in the pages of a contemporary. The first pup affected was one of a litter of eight, and the chorea came on just after the distemper. The puppies were then separated, three being left with the one affected with chorea. Two days later, these three all had chorea; two of them were then removed and kept separate, and these recovered, the others, that is, the one first affected and the one left with it, died; no lesions were discovered in the brain or spinal cord, but we are not told that these were examined under the microscope. It is noteworthy that in the case described by Dr. Gowers and Dr. Sankey, in the Medico-Chirurgical Transactions for 1877, the affection followed the distemper. *Medical Times and Gazette.*

The Foot and Mouth Disease is reported to be widely prevalent in England. A cargo of cattle from that country recently landed in Portland, Maine, is reported to have spread the disease in this city and neighborhood. Our consuls in Great Britain have been instructed to satisfy themselves of the healthy condition of all cattle to be shipped before certifying invoices. But while the New Englanders are trying to protect themselves against the importation of the disease from old England, the Government of the latter, it is said, have prohibited the importation of cattle from Portland, it being claimed that the disease has broken out among a lot of cattle recently brought into England from this port.

Veal Bewitched.—(Culinary item from the Popular Science News.) Chop very

fine three pounds of veal taken from the leg, a quarter of a pound of pork, one cup of bread crumbs, three teaspoonfuls of salt, one of black pepper, a scant half teaspoonful of cayenne, and a pinch of cloves; work in thoroughly two raw eggs, and, putting in a mold or kettle, shut tightly, and steam two hours. Remove, and put in the oven for a short time to dry; the oven doors must be left open. When cold, turn out, cut in thin slices, and serve. A good meat-jelly improves it; but in either case it makes a very nice dish for lunch or tea, and tastes like boned turkey.

Sex and Age Proportion of the Insane.—In commenting upon the recent census returns for England and Wales, the Lancet says: Referring to the insane of all classes, of the 84,503 enumerated at the last census, 39,789 were males, and 44,714 females. These numbers were in the proportion of 3,148 males and 3,353 females per million living of each sex. While, however, of equal numbers living of each sex, and at all ages, the proportion of insane is greater among females than among males, the report points out that this does not necessarily imply that females are more liable to insanity than males. Bearing in mind the marked excess of mortality among the male insane, compared with that which prevails among the female insane, it is easy to believe "that mental disease attacks a larger proportion of males than of females," although the proportion of the insane living at each census enumeration is greater among females than among males. This hypothesis is supported by a useful table showing the proportion of the insane, the lunatic, and the idiot or imbecile, per million of males and females respectively, at seven successive age periods. This table shows that up to forty-five years of age the proportion of the insane of all classes is higher among males than among females, whereas after forty-five there is a steadily increasing excess in the proportion of female over that of male insanity. Based upon the mean discharge rate among the male and female lunatics dealt with in the reports of the Lunacy Commissioners for the ten years 1872–81, it is calculated by the Census Commissioners that in order to maintain the relative proportion of the male and female insane enumerated in 1881, the proportion of new cases of insanity occurring in an equal number of each sex would have to be 106.8 among males to each 100 females. These figures are suggested as "probably representing with approximate accuracy the comparative liability of the two sexes, irrespective of age differences, to mental unsoundness." It appears to be established, therefore, that in a certain sense, the excessive proportion of the insane in the female compared with that in the male population is due to what has been called "accumulation," and is mainly the result of the higher death-rate among the male insane. Further investigation will doubtless also prove that much of the recorded increase of insanity is also due to "accumulation" arising from the decreasing death-rate of the insane, caused by the constant increase of their proportion treated in asylums.

Another Micro-Organism.—It has frequently been conjectured that the disease known as beri-beri would be found to be of a parasitic nature. If we may place any reliance on the experiments of M. de Lacerda, this conjecture would appear to be now established as a fact. Examinations of drops of blood from individuals suffering from the affection revealed the presence of long cylindrical branched filaments, with genuine joints, and sometimes with refracting brilliant points, which are believed to be spores. These filaments have been cultivated in bouillons prepared after Pasteur's method with all the proper precautions. Rabbits have been inoculated from the artificial cultures and have succumbed with all the symptoms of beri-beri. The microscope has shown the organisms in the blood, urine, muscles, and spinal cord of the rabbits. M. de Lacerda believes that the parasite is originally obtained from rice which has undergone a peculiar alteration.—*Lancet.*

Early Rising.—Two friends of mine complained to me of the bad effects which sudden getting up at the moment of awaking has upon them. One, a young man, complains of giddiness and a slight feeling of faintness, often compelling him to lie down again. In the other case, that of a lady, there are similar symptoms of giddiness, but, in addition, there is a sensation of lassitude and weariness, often lasting the whole day. They are both in excellent health, have no signs of heart or lung disease, keep good hours, and live regular lives. In both cases resting in bed a few minutes after awakening prevents all these unpleasant symptoms. Is this possible because the general system, having been in a quiescent state for so long, is not immediately able to

adapt itself to the sudden requirements made upon it?—*F. H. V. Grosholz, in Lancet.*

Galvanic Remedies on a Small Scale. At an electrical exhibition there were displayed some small batteries for curing neuralgia in and around the mouth. (Popular Science News.) They consist of a silver tube about half an inch long and three eights of an inch in diameter, in which are placed five sets of thin disks of zinc, paper, and copper, as in any ordinary voltaic pile. The ends of the tube are closed with silver disks, which are screwed in, pressing the plates closely together. The silver is perforated with numerous holes, allowing the liquid to enter on all sides. To use the little battery, it is dipped for a moment into salt water, and then placed between the gums and the cheek where the neuralgia is, one pole being against the gum, and the other against the cheek. It is easily renewed by taking it apart, washing it, and replacing the paper disks with new ones. Half an hour is said to be sufficient to cure the pain.

A correspondent of the London Electrician gives the following as an instant remedy for the toothache, and we have no doubt that it would be found efficient in some cases: With a small piece of zinc and a bit of silver (any silver coin will do), the zinc placed on one side of the afflicted gum and the silver on the other, by bringing the edges together the small current of electricity generated immediately and painlessly stops the toothache.

Hereditary White Patch of Hair.—A female child, aged six, who was brought to the Northeastern Hospital for Children, with ringworm, was noticed to have a patch just above the middle of the forehead, where the skin was white; and the lock of hair growing from it was almost if not quite white. The mother had a precisely similar condition, and said that the lock had at one time been as long as the rest of her hair, but she had now cut it short. She also said that it was hereditary in her family, having occurred in two of her sisters and one brother, in her father and her grandfather, and that one of her sisters had four children similarly affected, all girls.—*Medical Times and Gazette.*

Homeopathic Practice Illustrated.—We clip the following precious morsel from the United States Medical Investigator, a leading homeopathic journal published in Chicago. The orthography of the original is preserved:

"Dr. D. B. Tuttle, of Severance, Kansas, has not lost a case of dropsy. He has a great reputation in his section for curing dropsy. His treatment is first to mix jalap twenty grains, squilla twenty grains, and eleterium ten grains, into twenty pills. He gives one pill every four hours. The water usually starts in eight hours Before seventy-two hours the water flows freely, and to prevent collapse he puts ten drops (arsenicum IX trituration ten grains, and cinchona IX) into half a glass of water, and gives a dose once in two hours. The eleterium is a great dieuretic, and doubtless does the work here."

Fatal Hooping-Cough.—The Medical Times and Gazette says: The most fatal zymotic disease, both in London and the other twenty-seven great towns, still continues to be hooping-cough, which was credited last week with eighty-five deaths in the former, and fourteen deaths in the latter. That is to say, hooping-cough killed just fifty more children in London than it would have done if it had been no more fatal here than in the other large towns.

One Kind of Maple-Sugar.—It is said that the flavor of maple-syrup may be communicated to cane or glucose sirup by tincture of guaiacum deprived of its resin by precipitation in water. A great deal of the maple sugar and syrup now sold is said to be nearly pure glucose prepared in this way.—*Popular Science News.*

"Boss, has you got any ob dem confound contartic pills?" "Yes. Do you want plain or coated?" "Dunno. I want dem dat's whitewashed." He got 'em, and departed, feeling that there was a fine opening for him in the near future.

Dr. D. C. Gamble has resigned the St. Louis editorship of the Weekly Medical Review, and is succeeded by Dr. Julius Wise, formerly editor of the Mississippi Valley Medical Monthly.

Spider-Silk.—French silk manufacturers are reported to be very hopeful as to the capabilities of a big spider lately discovered in Africa, which weaves a yellow web of great strength and elasticity.

The Quinologist is no more.

The Louisville Medical News.

Vol. XVII. SATURDAY, MARCH 15, 1884. No. 11

L. P. YANDELL, M.D., - - - - - - }
H. A. COTTELL, M.D., - - - - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

DOCTOR LUNSFORD P. YANDELL.

"We are such stuff
As dreams are made of, and our little life
Is rounded with a sleep."

The senior editor of this journal died suddenly at his home, on the evening of the 12th instant.

Being ready for the press, the forms could be held only for this brief notice. The next issue will contain some fitting tribute to his memory, and a sketch of his useful, eventful, and beautiful life.

The following note, which was sent to the printer with the last revised proofs of the NEWS, may point a moral here:

Please do not send the forms to press till I see you. Dr. Yandell wishes to fill the blank space on the editorial page with matter of a special kind.

The space is filled——but a notice of his death usurps the place which the editor had set apart for some special communication to his readers.

LAY SUPERSTITION.

The school-master is abroad without doubt—though his influence seems to have made a partial failure in one direction; still in his behalf we confess to the belief that ignorance alone, will not account for the credulity of the average layman on the subject of medicine, and on due consideration, justify the title written above by making the hand-maid of ignorance a chief factor in the case.

In view of the usual lack of confidence which the most conscientious and pains-taking practitioner is bound to encounter, the following examples of popular credulity are at least discouraging. Not in a back-woods village but in a city of twenty-five thousand inhabitants we stood, in full sight and hearing of an adventurer and his gathering crowd, which soon numbered not less than eight hundred white persons. The "doctor" was physically a fine specimen of humanity, apparently about twenty-eight years old, and was gotten up after the conventional border style. He harangued the crowd from an open carriage, attached to which were richly caparisoned horses—on the blanket of one, embroidered in gold lace, were the words "Texas Jack." It was supposed that the legend indicated the name of the horse, but while we were ransacking our sporting lore for the history of some flyer thus known we learned that it was intended to convey to the public the pet name of the "doctor."

The "doctor" soon displayed an Indian's scalp, and told in decent style a story of border war in which he figured as the scalp-taker and hero. He said that he had never been at school in his life (his language belied the statement), all that he had learned being from the open pages of Nature's book. In tender years, by occult aboriginal methods, he had been initiated into the knowledge of "the remedies of nature," and had become as familiar with the curative power of every root and herb as is the ordinary school-boy with the letters of the alphabet. He then produced a huge bottle of liquid and some glasses. After entering into the mysteries of its combination he recited the virtues of the mixture, and wound up with the astonishing statements that regular doses of this wonderful remedy had not only brought him to his present bloom of manhood without the personal experience of pain, except from

wounds, but had also prevented the sensation of weariness from following the exhausting labors of the chase and border warfare; and, moreover, that his case was paralleled by the experience of every member of the Indian tribe with which rested the secret of its production. The *aqua vitæ* was disposed of in gratuitous doses to the crowd, and the sale of small pressed packages containing the solid components of the sovereign balm began.

In just forty minutes by the clock from the appearance of the carriage, by actual count, we saw the "doctor" become the happy possessor of over fifty dollars, and though the novelty of the scene failed to hold us longer, the eagerness to purchase on the part of the crowd seemed unabated. We were subsequently informed that it took the "doctor" several evenings to extract the milk from this particular cocoa-nut which had grown so luxuriantly for him in the soil of our modern culture and civilization.

The next example is from the remarkable clientele of a quack who was popularly known as the "Old Bohemian Water Doctor." This man, already advanced in years, opened an elegantly furnished suite of rooms in a third-rate city, and used in his advertisements all the awe-inspiring phraseology of quackery. His method was to make his diagnosis from a superficial examination of the patient's urine. For nine years this charlatan, without once leaving his office to visit a patient, reaped the waiting harvest, and from his manner of life must have gathered in more money than many of our hardest worked and most successful city practitioners.

Upon his death his son, who was a graduate of a reputable school and had evidently a desire for better things, could not resist the temptation which the reward of fraud presented. Abandoning an attempt at legitimate practice in a neighboring city, he stepped into the old man's shoes, and with nearly if not quite equal success "carried on the business at the old stand," employing the same fraudulent methods.

These typical examples, from numberless ones which might be cited, would serve as a text for a much more extended consideration of lay superstition than we here propose. In these instances something mysterious and *outre* in the character of the dispensers of the remedies was the moving cause of the reliance which the people placed in the transparently false claims made for them. It goes without saying that in no other field of science or business, save medicine, would these same people pay other than trained and experienced agents to attend to important interests for them.

Even in religion, where mystery and occult phenomena are supposed to be legitimately manifest, the great rewards and successes are, the world over, obtained by men scientifically trained in their calling. Why is it that in the domain of medicine the survival of superstition, or credulity akin to it, should be so notorious, seems to us a question both timely and pertinent.

It is undoubtedly true that the millions made by medical charlatans have, for mercenary ends, been used to debauch the popular intelligence in reference to disease and its treatment.

There is a vast volume of so-called medical literature, available to the common people, the manifest tendency of which is to encourage in the average mind a distrust of the profession, a morbid contemplation of pathological phenomena and an irrational confidence in some fortuitously discovered specific. To counteract this unhealthy influence very little is offered to the general public.

A little observation will discover to any one the fact, that in the press of the country, art, literature, law, religion, and politics, in fact every profession and business receive a frequent and thoughful attention which is not in any comparable measure accorded to medicine; and after all the press must be regarded as the great source of popular education.

We have felicitous and brilliant writers to whom the columns of the press are undoubtedly open for varied legitimate effort

in the line of popular instruction upon subjects to which the science of medicine is related.

Here indeed is certainly a promising field for any writer who has the welfare of his fellows and the honor of his profession at heart; the systematic working of which would in time, by giving the popular mind just ideas and correct knowledge of subjects of universal interest, have a marked effect in counteracting the influence of the prurient flood of pseudo-medical literature with which, for mercenary ends, medical imposture has oppressed and debauched the popular intelligence.

Bibliography.

On the Value of a Lotion of Sulphide of Zinc in the Treatment of Superficial Lupus in Erethematosus. By Louis A. Duhring, M.D. Reprint.

The Hip and its Diseases. By V. P. Gibney, A.M., M.D., Professor of Orthopedic Surgery in the New York Polyclinic; Assistant Surgeon to the Hospital for the Ruptured and Crippled, etc. New York: Bermingham & Co. 1884.

A Manual of Medical Jurisprudence, with Special Reference to the Nervous System. By Allan McLane Hamilton, M. D., one of the Consulting Physicians to the Insane Asylum of New York City, etc. With illustrations. New York: Bermingham & Co. 1883.

Excessive Venery, Masturbation, and Continence: the Etiology, Pathology, and Treatment of the Diseases resulting from Venereal Excesses, Masturbation, and Continence. By Joseph W. Howe, M.D., author of "Emergencies," "The Breath," "Winter Homes for Invalids," etc. New York: Bermingham & Co. 1884.

St. Petersburger Medicinische Wochenschrift. Unter der redaction von Dr. E. Moritz, in St. Petersburg, Prof. Ed. v. Wahl, in Dorpat, und Dr. L. v. Holst, in St. Petersburg. Neue Folge. 1st Jahrgang. St. Petersburg, 7th (19th) Januar, 1884. We are glad to welcome this excellent journal among our foreign exchanges. "*Im Kreise der guten ist wohl zu ruhen.*"

Hand-book of Eclampsia, or Notes and Cases of Puerperal Convulsions. Comprising all the cases which have occurred during the present century, within a radius of several miles around Avondale, Chester County, Pennsylvania, so far as can be ascertained. By E. Michener, M.D., J. H. Stubbs, M. D., E. Thompson, M. D., R. B. Ewing, M.D., and S. Stebbins, M.D. Philadelphia: F. A. Davis, Att'y, 1217 Filbert Street. 1883. Price (muslin), seventy-five cents.

Tenth Annual Report of the Superintendent of the Cincinnati Sanitarium, for the year ending November 30, 1883. Cincinnati. 1884.

This report is full and satisfactory in every particular. The following figures giving the total number of admissions, recoveries, deaths, and discharges from the opening of the Sanitarium till November, 1883, are a sufficient comment upon its management: Patients admitted: total, 827. Discharged: recovered, 322; improved, 307; unimproved, 89; died, 55; not insane, 2.

The Kansas City Medical Record, a Monthly Journal of Medicine and Surgery. Vol. 1, No. 2, February, 1884. A. L. Fulton, M.D., G. Halley, M.D., Editors and Proprietors.

This new candidate for professional favor is a quarto of forty-two pages, printed in double columns. It is imposing in appearance, and very interesting in contents. We believe that it will soon become one of the most influential medical periodicals in the West. Success to the new comer.

Condensed Statement of Mortality in the City of Nashville, Tenn., for the year 1883, accompanied by the Meteorological Observations, furnished for the same period from the office of the Signal Service, U.S.A. Published by order of the Board of Health. Richard Cheatham, M.D., Health Officer and Registrar.

According to this report the City of Nashville has a total white population of 32,000, and a colored population of 18,000. Of the whites 606 died during the year, of the negroes 569, total 1,175. The death-rate for the white population was 18.68 per thousand; for the colored 31.29, and for the whole 23.50. The disproportionately large death-rate of the latter to the former is a significant fact, and one which the colored sociologist should weigh

carefully in his estimate of the chances of his race for survival and future prosperity in this country. The birth returns are as follows: whites, 480, colored, 232. The health officer says that conclusions should not be drawn from the birth returns, since the repeal of the vital statistics act by the legislature has made it impossible to arrive at any thing like correct figures here. But if the number of colored births is even approximated by the above, it would take neither a prophet nor a mathematician to show that, without importation from the outside world, the colored population of Nashville would soon become extinct.

Among the acute diseases which have proved most generally fatal in Nashville are cholera infantum, typhoid fever, smallpox, and pneumonia. Consumption, as usual, leads the list, showing a figure of mortality from three to four times larger than that of any other disease.

The Proceedings of the Naval Medical Society. Vol. 1, No. 6. Washington: 1884. Judd & Detweiler, Printers.

Contents: Thirty years of Sanitary Progress in the Navy—Its present Needs; Dr. Albert L. Gihon, U.S.N. One Hour with Dr. Thomas Trotter, Physician to the Fleet; Dr. John N. Brown, U.S.N. Bacillus Tuberculosis; Dr. J. H. Kidder. A Case of Pyemia Supervening upon Hemorrhoids in a Syphilitic; Dr. Albert L. Gihon, U. S. N. This publication is an octavo of about fifty pages, done up in the finest style of the printing art. As might be expected from a publication coming from one of our national medical departments, its articles are of a high character. They are scientific in substance, well conceived and well written.

Correspondence.

PARIS LETTER.

Editors Louisville Medical News:

Dr. Decaisne lately made a very important communication at the Society of Public Medicine, on the use and abuse of tobacco. He dwelt particularly on the pernicious influence of the weed among youths, and after discoursing on its toxic effects he gives the following conclusions from eighty cases which he observed closely: (1) The pernicious effects of tobacco-smoking on youths are incontestable. (2) The use of tobacco even to a limited extent in youthful life brings on intermittence of the pulse, alteration of the blood, and symptoms more or less marked of chloro-anemia. (3) Youths that smoke are generally weak in intelligence, and they acquire a taste for strong drinks. (4) The ordinary treatment of chloro anemia generally produces no effect as long as the tobacco is indulged in. (5) In youths that cease to smoke and are not affected with any organic lesion, the disorders characteristic of chloro-anemia disappear altogether.

Dr. Rochard, the well-known academician, responding to Dr. Decaisne's diatribe on tobacco, stated that, without having any intention of setting himself up as an apologist for the use of tobacco, he thought that those who used the weed were greatly maligned, and that Dr. Decaisne, like most philanthropists, has, in wishing to do good, defeated his object by taking an exaggerated view of his cause. The accusations brought against tobacco are more or less untenable, and Dr. Rochard, after endeavoring to refute Dr. Decaisne's arguments, summarizes his own experience as follows: The use of tobacco, even when prolonged, is perfectly compatible with the highest degree of the intellectual faculties, and even becomes a necessity for those who have contracted the habit. "The habit of smoking or otherwise using tobacco is not of recent date, and people have had ample time to judge of the effects of the weed on the generations that preceded us. Among the nations that surround us, there are some that consume a great deal more tobacco than we do; instances may be cited where people smoke from morning to night, and yet we are obliged to acknowledge that this did not prevent their extension, nor did it in any way interfere with their progress in science nor with the growth of their power. Tobacco has a great many real faults without imputing others to it. I need not detail them all, but among the grievances brought against tobacco is that it affects the memory, and this charge is frequently advanced by old smokers; but I may ask whether the amnesia with which they are affected, and which they put down to the pipe, is not the result of old age." Dr. Rochard, however, believes that tobacco-smoking may lead to angina pectoris, and this occurs particularly among smokers of cigarettes, who smoke them almost incessantly and breathe in the fumes.

Doctor Galezonski, a well-known oculist, lately gave a clinical lecture on the effects of the abuse of tobacco on the eye. He stated

that the ocular symptoms of poisoning by nicotine were manifested by myosis and other ocular disorders consisting principally of double amblyopia with chromatic scotoma and chromopsia. The lecturer, however, announced that these and other affections of the eye resulting from the use of tobacco are extremely rare, and when they do occur in such circumstances they are generally the result of the abuse of alcoholic liquors super-added to that of tobacco. These disorders are, however, generally speaking, easily curable, on the patient giving up the habit of smoking, and they should also avoid cafes and clubs or any room where the air is vitiated by the fumes of tobacco which would affect them as much as if they were smoking themselves.

A celebrated author writing on the same subject, and himself an inveterate smoker, remarks that nicotine enters into the animal economy in such small quantities that it is superfluous to notice it, and adds that smokers burn it with the tobacco. Some snuff it, others chew it, but nobody dies from nicotinism.

Up till lately, the arrangements for affording succor to the drowned in Paris have been very defective, but through the initiative of Dr. Voison, physician to the Salpétrierè Asylum, and by order of the Prefecture of Police a certain number of pavilions have been erected along the banks of the Seine, which are provided with all the requisites for restoring the drowned, with full instructions posted up in each pavilion. These pavilions have been availed of for the last eight or ten years, and in order to give an idea of their great utility, Dr. Voisin reports that, of ninety-one cases treated in three pavilions from 1875 to 1877, there were only four deaths. The four persons remained under water from seven to thirty-five minutes. Among those restored to life, thirteen remained under water from five to twenty minutes. From 1878 to the end of 1880, there were two hundred and seventy-six cases treated in five pavilions. Of this number there were only fifteen deaths. There are now eight pavilions in which, in 1881, one hundred and sixty cases were treated, in which there were only four deaths; and among those that were saved several had been more than five minutes under water. Dr. Voisin adds that these examples are sufficient to show the progress that has been made since the establishment of these pavilions. Formerly there were scarcely any saved that had been under water more than three minutes, whereas now it may be reckoned with almost absolute certainty that those who have been five minutes under water can be saved, and there have been cases extending even to twenty minutes that have been rescued from imminent death.

In a thesis lately submitted by Dr. Rigaud for the Doctorate of the Faculty of Paris, the author treated of the diagnostic value of pains in the sides of the chest, which he said were almost pathognomonic of pulmonary phthisis even in its incipient stage. Dr. Rigaud attributes the pain to intercostal neuritis, which develops itself by propagation. In the third stage of tuberculosis, the deep parts of the thoracic walls may participate in the inflammation caused by the presence of a superficial cavity. This process of ulceration is accompanied by pain in the corresponding region of the chest which is aggravated by the respiratory movements. Dr. Rigaud has succeeded in relieving these pains by the application of a thick coating of collodion, which he explains by the walls of the chest being rendered motionless.

The *Union Mèdicale* reproduces an article from an Italian journal on the alteration of the blood in malarial infection, which, according to the authors, Prof. Marchiafava and Dr. Celli, of Rome, consists, during paroxysms of fever, of corpuscles which are stained by methylene blue, and which in their primitive form resemble micrococci so much as to be confounded with them. The same authors have also observed that the formation of pigment in melanemia is the result of the conversion of hemoglobin into melanine as soon as the corpuscles, referred to above, make their appearance. This alteration may therefore be considered a certain criterion in the diagnosis of certain forms of fever of a doubtful character.

The "prix Corvisart" of the Faculty of Medicine of Paris, for 1883, was awarded to M. Jules Para, an externe, for his thesis on Ascites. The subject proposed for the present year for the same prize is Icterus. The candidates should send in their theses to the Secretary's office of the Faculty before the 1st of December next.

A panorama of prehistoric subjects, painted by Castellany, is to be opened on the 15th of March, at the Jardin d' Acclimatation, along side the ethnographical exhibition, where are to be seen specimens of different animals of the antediluvian world.

PARIS, February 15, 1884.

GREAT FECUNDITY.

Editors Louisville Medical News:

Mrs. M., Irish, aged thirty-two, ten years married, and living in this city, gave birth to three well-developed male children on the 24th day of November last. The only remarkable feature of this case (aside from fetal multiplicity) was that each child was born by breech presentation, there being an interval of about thirty minutes between the births. The infants, at this date, are in perfect health and have grown rapidly. Mrs. M. had had six children at full term previous to the birth of the triplets, and on the 27th day of January, 1883, had a miscarriage of a two months' fetus. Thus she has had nine full term children and one miscarriage in ten years!

R. B. GILBERT,
Demonstrator of Anatomy, University of Louisville.
March 6, 1884.

Editors Louisville Medical News:

The Jackson County (Ind.) Medical Society met at Brownstown, March 6th, and elected the following officers for the ensuing year: M. L. Boas, M.D., President, J. T. Shields, M. D., Vice-President, N. N. Shipman, M.D., Secretary and Treasurer. Delegates to the National and State Medical Societies were then elected; after which the following case reports were offered and discussed. (These reports and discussions will appear in the NEWS.)

"A Case of Retention of Urine, due to Prostatic Abscess resulting from Gonorrhea." By T. S. Galbraith, M.D., Seymour.

"A Case of Gonorrheal Prostatic Abscess resulting in Perineal Fistula and Death." By D. J. Cummings, M.D., Houston.

"A Case of Acute Epilepsy, due to Uterine Irritation." By L. S. Oppenheimer, M. D., Seymour. L. S. O.

SEYMOUR, IND., March 7, 1884.

Selections.

OBSERVATIONS ON PUERPERAL TEMPERATURES.—Mr. E. S. Tait, M.B., before the London Obstetrical Society, January 9th, read a paper on this subject, of which the Times and Gazette gives the following summary:

The patients observed were in the General Lying-in Hospital: sixty were primiparæ and sixty-five multiparæ. The day after delivery on which the highest temperature most often occurred was the third, then the fourth, then the second. In twenty-five cases the highest temperature occurred in the second week, often from nervous causes. Lacerations of the perineum did not appear to affect the day of highest temperature. Mechanical interference during labor did not seem to affect the result. The average temperature was lower in those cases in which there was no tear than in those in which deep lacerations had occurred. In primiparæ the temperature appeared to be raised by labial tears, deep perineal tears, and the use of forceps; but in multiparæ no such effect could be traced. Slight perineal tears seemed to scarcely affect the temperature. The introduction of the carbolized hand into the uterus during the third stage did not affect the average temperature. In six cases there were urticarious or erythematous rashes, which did not affect the temperature. The temperature was highest in the latter part of the day, lowest in the early morning. When the 10 P.M. temperature was higher than that at 6 P.M., there was often inflammation present. The temperature frequently rose without any physical cause to account for it; and in such cases it was often found that something had happened to disturb the patient's nervous system, such as fright, bad news. Accounts were given of instances of such "nervous temperatures," as they might be called.

Dr. Routh said, that in disease the temperature might be as much as three degrees hotter in the vagina than in the axilla. Unless, therefore, the temperature, in the puerperal state, were taken in each part, error might follow.

Dr. John Williams thought that Mr. Tait had established two facts: that high temperatures were more common when the perineum had been deeply torn, and that high temperatures were associated with nervous conditions during the puerperal state. It was frequently said that tears of the cervix were causes of fever; he (Dr. Williams) thought they were rarely so. The relation of fever to fetid discharge was important; in many cases the fetor came on after the fever and not before it, and might therefore be inferred to be its result and not its cause.

CURRY-POWDER.—We believe that a really good curry-powder (like Crosse and Black-

well's, for instance,) is not only piquant and appetizing, but a wholesome aid to digestion. (Popular Science News.) Of course it is easy to make a cheap imitation of the genuine condiment, which is "hot in the mouth," but has no other merit. The fine flavor and aroma that a connoisseur recognizes in a good article depends upon a proper selection of materials, and the care with which they have been dried before being powdered. The famous curry-powder of good old Dr. Kitchener (whose name seems to have been prophetic of his culinary renown) is undoubtedly the best that has been made outside of India. A London exchange says of it:

The flavor of this powder approximates to the Indian powder so exactly, that the best judges have pronounced it a perfect copy of the original *curry stuff*. The following remark was sent to the doctor by an East-Indian friend, "The ingredients which you have selected to form the curry-powder are the same as used in India, with this difference only, that some of them are in a raw green state, and are mashed together, and afterward dried, powdered, and sifted." The common fault of curry-powder is the too great proportion of *cayenne* to the milder aromatics (from which its agreeable flavor is derived) preventing a sufficient quantity of the curry-powder being used. Coriander-seed powder, three ounces; turmeric, three ounces; black pepper, one ounce; mustard, one ounce; ginger, one ounce; allspice, one half ounce; lesser-cardamoms powder, one half ounce; cumin-seed powder, one fourth ounce: to be thoroughly mixed together, and kept in a well-stoppered bottle. Those who prefer a hot curry will find the following to give satisfactory results: coriander-seed powder, one and one half pounds; cumin-seed powder, one half pound; turmeric, one pound; ginger-powder, two ounces; mustard, one ounce; fenugreek-powder, one ounce; cayenne, one and one half ounces: mix well, and keep in closed bottles.

Curry-powder is not only useful in the regular "curried" dishes that are duly catalogued in the cook-books, but it will be found a grateful addition to macaroni, whether plain or prepared with cheese. It is, perhaps, better to add it at table, rather than in cooking the dish, as it may not suit all tastes, and some persons like more of it than others do.

Macaroni, by the by, is a cheap and nutritious food that is not so generally known and appreciated as it should be, at least in many parts of New England; and the curry-powder will make it more acceptable to those who complain that it is comparatively flat and insipid.

The Mode of Production of the Tendon Reflex.—From the Medical Times we extract this: Jendrassik has made a number of experimental studies of the various conditions which are necessary for the presence or absence of tendon reflexes, particularly for the patellar reflex. The following conclusions express the most important of his results (*Centralb. fur die Med. Wissen*, No. 49, 1883):

1. The "knee phenomenon" is a true reflex action, brought about by the mechanical irritation of the nerves situated in the patellar tendon. It is not necessary that the stimulus should be applied at the junction of muscle and tendon; stimulation of the part of the tendon lying farthest from the muscle is equally efficacious.

2. For the production of the reflex muscular contraction it is necessary that the muscle be passively extended; to a certain degree the contraction of the muscle is proportional to the stretching to which it is subjected.

3. Voluntary innervation of the crural nerve diminishes the patellar reflex, or may prevent its apparance altogether. Contraction of the muscles innervated by the sciatic nerve, however, instead of preventing, rather favors the development of the patellar reflex.

4. The path of the reflexes lies, in the spinal cord, only in the gray matter. Lesion of the white columns can not directly be a cause of the absence of the reflex.

5. Physiological increase of the tendon reflex is also produced by contraction of the other body-muscles; thus, simultaneous lifting of weights, or strong stretching of muscles, increases the reflex.

6. In the majority of cases pathological increase of the patellar reflex may be regarded as the result of an interruption of the conduction of inhibitory impulses from the brain to the spinal cord.

7. The author does not regard the "foot phenomenon" as a reflex, but rather as a tonic contraction, directly produced through the mechanical stimulus given in the sudden stretching of the soleus; the irritability of the muscle must therefore be increased.

In five instances severe stretching of the crural nerve in rabbits left the patellar reflex unaltered.

SCARLATINAL DESQUAMATIVE NEPHRITIS. A writer to a medical paper recently advocated "bleeding" to the amount of several ounces. Now, although this may be successful, yet I can not but regard it as heroic and as unnecessarily severe. The following is the course of treatment I have adopted for many years past, and as I find this treatment very successful, I am quite content to follow closely this line of practice.

The following case, with its management, will indicate the method I pursue: I was called recently to a little girl, about seven years of age, in severe convulsions. By a few questions, and by ocularly examining the urine, I discovered the child had recently suffered from a mild attack of scarlet fever. I ordered four leeches to be applied to the temples, two on each temple. In this only two leeches bit, but these were thoroughly good ones. My directions are, after the leeches have fallen off, to apply one hot poultice, and then stop the bleeding. The medicine consisted of a good purge each day by powdered jalap and a mixture of solution of acetate of ammonia and tincture of steel. I ordered a hot bath each morning for several mornings in order to get good action of the skin. The child made a rapid and good recovery, and I should say the convulsions ceased immediately on the abstraction of blood by the leeches. The urine at first contained one third albumen, and three days after nearly the normal quantity had been secreted, and only a trace of albumen could be detected.—*William V. Lyle, M. D., in Lancet.*

BLISTER FOR COUGH.—Prof. James Tyson, M. D., of the University of Pennsylvania, in the Medical Times, says: The very best cough medicine, and often the only one which will accomplish the result, is a blister. We have now in our wards a case of consumption in which the cough was most troublesome for six or eight weeks, and cough medicines of all kinds had failed; but in twenty-four hours the symptom was relieved by a blister.

[Better than the blister, is this:

℞ Morph. acetat., ... gr. iij;
Acidi hydrocy. dil., ... ℥ j;
Syr. tolut., ... ℥ iij.

M. Ft. sol. S. A teaspoonful as often as cough demands.

The medicine should be kept in a dark bottle well stoppered. Some cases will require more and some less morphia and prussic acid, but this is a most benign remedy. The blister and croton oil are well for pain, but should be a last resort for cough. Where mucous secretion is deficient, iodide of potassium is the remedy. Where strength to raise the sputa is deficient, ammonia, alcohol, and coffee are the remedies.]

TOXIC ACTION OF COPPER.—It seems to grow more and more doubtful whether copper can be reckoned among the poisonous metals. Of course in large quantities it is noxious; but this is true of alcohol and of many other compounds which can not fairly be considered as poisonous. The latest experiments tend to indicate that at any rate copper is not a cumulative poison, like lead. MM. Houlès and De Pietra Santa, in a recent communication addressed to the Académie des Sciences of Paris, report that they have been unable to discover any injurious action on the health of the workmen engaged in the copper industry, and have come to the conclusion that the so-called "*colique de cuivre*," asserted in the eighteenth century to be a definite disease, does not exist.—*Lancet.*

CIMICIFUGA IN EPILEPTIFORM NIGHTMARE. Dr. Ed. M. Small, of Eastport, Me., sends us the report of a case occurring in his practice almost identical with one published recently in these columns in the report of Professor H. C. Wood's clinic. (Medical Times.) The disease was epileptiform nightmare, and it was cured in Dr. Small's case by half a teaspoonful of powdered cimicifuga racemosa being administered at bedtime. The paroxysms at once ceased, and there had been no return in a lengthy period of observation. He also was ordered to partake of only a light supper each night, and to avoid excitement as much as possible.

HEMATO-SALPINX.—Mr. Knowsley Thornton, before the London Obstetrical Society, January 9th, showed the ovaries and tubes removed from a married lady, aged twenty-nine. She had suffered from repeated hemorrhages, which followed a severe emotional shock; the tumors were discovered to the left and right of the uterus. These were removed, and proved to be the tubes, full of tar-like blood and firmly adherent. There was also an ovarian cyst with commencing papillomatous growth. After removal of the diseased parts, the discharge gradually ceased, and the patient did well. Mr. Thornton thought the case either one

of tubal pregnancy, or of hemorrhage the result of emotional shock, the blood being prevented from escaping.

Chloroform Astigmatism.—M. Dubois has made an interesting communication to the Société de Biologie on the action of chloroform on the nutritive media of the eyeball and on the mammary gland. On examining the fundus of dogs narcotized with chloroform, he found its characters unusually difficult, and at times impossible to distinguish. He observed also shadows upon it which seemed to be produced by a particular alteration of the cornea. Irregular astigmatism was present, and was pronounced. By washing the ocular surface he proved that these appearances did not depend on mucous flakes in front of the cornea. Similar and very marked astigmatism was observed in a man while under chloroform. This abnormality was found to disappear when sensibility returned. Diminution of refraction was particularly noted in one of the dogs. The tension of the globe was in these various cases also lowered. A comparative observation on the mammæ of a bitch appears to throw some light on the ocular phenomena. The breasts, which were turgid with milk at the commencement of the anesthesia, became flaccid and comparatively empty when the animal was fairly comatose. It may be suggested in accordance with these experiments that the peculiarities of refraction above detailed, like the alteration in the breast, are due to relief of tension in the fluid constituents of the organ affected, a condition which may easily occur during chloroform administration if the heart's action continue vigorous, seeing that every vascular channel then undergoes relaxation of its muscular fiber and consequent dilatation, and the escape of its contents is proportionally facilitated.

Peptones in the Urine—This subject has recently received considerable attention from the profession, and some observers have supposed that their presence in the urine was of special clinical importance, as indicating a morbid state analogous to, or possibly an early stage of granular contracted kidney. The elaborate investigation of Dr. R. W. Jaksch has, however, tended to discredit this view. This careful observer has found that peptones appeared in the urine with great frequency in cases where there was a considerable amount of suppuration from whatever cause, or where there was a large amount of exudation; thus, he found it in every one of twenty cases of phthisis with purulent expectoration, and of five cases of epidemic cerebro-spinal meningitis, and twelve cases of acute rheumatism, as well as in twenty-four out of twenty-nine cases of croupous pneumonia. He believes that the peptonuria is due to the re-absorption of the inflammatory products, and does not depend in any way on the condition of the kidneys.

Is Charcot's Joint Disease a Myth?—A serious attack was made at the meeting of the Pathological Society, on Tuesday last, on the essential nature of Charcot's joint disease, Mr. Arbuthnot Lane contending, in a carefully-written paper, that the changes found in that affection do not differ in any essential particular from those of rheumatoid arthritis, and denying that there were any distinctive features by which the two diseases could be separated. Many of the speakers who followed showed more or less inclination to accept his views; but we think, with some of the speakers, that due importance should be given to the clinical features of the two affections in endeavoring to decide the question of identity or non-identity. If the joint affection be rheumatic, the lightning pains will have to follow suit and be admitted to be only a coincidence, whereby we should be deprived of what at present is justly regarded as a valuable diagnostic symptom.—*Medical Times and Gazette.*

The number of professors at the German Universities is so great, and the reverence of the students so enthusiastic, that the celebration of some form of jubilee or another is a never-ending occurrence. That of Professor Du Bois-Reymoid has only just finished, amid great enthusiasm, and now preparations are being made to commemorate the fact that just twenty-five years have elapsed since the renowned clinical teacher, Professor Frerichs, accepted the call from Breslau to Berlin.—*Med. Times and Gazette.*

Perosmic Acid is a new remedy employed by Professor Winiwarter in cancerous and scrofulous swellings. It is used by injecting daily three drops of a one-per-cent solution of the acid; which treatment causes the tumor to soften, it is said, and to decrease in size: the dead tissue is thrown off, and disappears in about a month. No curative effects upon cancer itself have been observed from this remedy.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MARCH 22, 1884.

Original.

THE CONTAGIOUSNESS OF PHTHISIS.

BY E. J. KEMPF, M.D.

I read the editorial on the "Contagiousness of Phthisis" in the Louisville Medical News, of March 1, 1884, with a great deal of interest and profit. It is a subject which deserves the earnest consideration of the practitioner, especially since of late years the study of preventive medicine has been coming to the front. Sanitary science claims the attention of the student of medicine especially at the present day, because little is known beyond theories and much needs yet to be proven by facts and statistics. It is, of course, granted that fresh air, pure water, free ventilation, cleanliness, and proper drainage are essential to the health of the public. But is this all?

We can go further. By isolating cases of smallpox we can prevent epidemics of this disease. In vaccination we have a further preventive of the spread of smallpox. By wise legislation that would regulate prostitution, we could prevent the spread of syphilis and gonorrhea to a great extent. By quarantine we can prevent the spread of yellow fever. By killing the affected animals we can prevent glanders, etc.

I will go yet a step further, though I do not claim originality in the idea, to say "that we can limit to a marked degree the spread of the most widely prevalent and fatal of all diseases, consumption, by rigid cleanliness, ventilation, destruction of the sputum, and isolation of the patient." The management of tubercular patients becomes one of the great hygienic questions of the day, indeed, if the contagiousness of phthisis is proven. Proven by what? By further discoveries of Kochian bacilli, and by reports of cases proving the contagiousness of phthisis. And if, in the course of time, statistics tell us that phthisis is as much contagious as smallpox and much more fatal, and if further discoveries tell us that the contagiousness of phthisis is really due to a bacillus, then will we be prepared to combat at least the spread of the disease, and be better able to await the discovery of a specific remedy for the malady.

To offer my mite in the way of statistics on the contagiousness of phthisis is the object of this paper. And I hope that my modest effort may not be without interest.

In the beginning of the year 1880, the Sisters' Convent in the village of Ferdinand was entirely free of consumption. The order is a very austere one. The Sisters live a very secluded life; they take but little exercise; they are strict in their habits, and very cleanly. The convent is well ventilated, lies high and dry, and is well drained. The candidates of the sisterhood are derived from the surrounding country, and are daughters of farmers and laborers. Before they enter the convent they are generally noted for their piety and reticence as well as their want of bodily strength and vigor.

Professor C. Knapp, M.D., now of Evansville, the former physician of the convent, had no case of pulmonary phthisis in the convent at the time of his resignation as attending physician. His general run of diseases consisted of fevers, hysterical cases, and the derangement of the uterine functions—whites, irregular menstruation, sequels of their secluded life.

In the fall of 1880, I was consulted by one of the sisters, a young girl of about eighteen years of age, on account of a cough or pain in the breast, and a feeling of general malaise. The girl comes from a family which I would not call healthy. One of her brothers has a deformed breast, a so-called pigeon breast, a sign of a scrofulous diathesis. A brother died of consumption.

On examining the patient I found dullness and bronchial breathing in the apices

of both lungs, as if from tubercular deposit, difficult breathing, hacking cough, indifferent appetite, sleepless nights, tired and weary limbs, and a daily fever. I pronounced the case one of consumption, and prescribed accordingly.

The case went on to the second stage. The patient has not been isolated; she sleeps in the general dormitory, as formerly. One sister after another now commenced to complain with similar symptoms, as described in the first case, and in four months after the first sister was seized with the disease I had nine cases of consumption under my care, sisters that were formerly thought to be exceptionally healthy.

Four sisters died of the disease in the course of a year, Sisters Angela, Dorothea, Brigitta, and Ida, and five are still sick with the disease. Two of the remaining five cases are dying, and the other three have taken the chronic form of the disease, and may linger for months or years.

Of course such a state of things, really a fatal epidemic of consumption, caused an intense excitement not only among the inmates of the cloister, but also among the parents and relatives of the members. The Superior of the convent, Rev. Eberhardt Stadler, who can substantiate any of these statements, asked me one day "when this will stop." I told him that it would stop *as soon as all the inmates of the cloister that were predisposed to the disease had been attacked.* The disease would then stop for want of further material.

The superior then took the matter in hand with a great deal of energy and common sense. He isolated the cases in a room of their own, and allowed only the nurses to be in the sick-room for any length of time. And all those sisters who seemed apt to be attacked he sent off to branch houses. He was actuated partly by the thought that I was incompetent to treat the disease, a belief warranted by my failure to cure any of the cases.

Under the circumstances I was glad that he sent them away. Drs. Daily, Schwartz, and Schriefer, who treated some of the cases, could, perhaps, bear testimony in regard to the cases, though I doubt whether they are acquainted with all the statements here made.

The spread of the disease has now been checked in the convent; no new cases have developed, and the old cases are at a standstill except two, who will probably die in a short time.

In 1869, 1870, 1871, 1872, and 1873, I was a student in the college of St. Meinrad, Indiana. During 1870, 1871, and 1872 there died in the convent (Benedictine Brothers, who own the college,) two priests, three candidates for the priesthood, and four brothers, all of pulmonary consumption. The disease could be traced to two brothers, twins. They were of a consumptive family, in the full sense of the word; father, mother, and some of the children have died of the disease.

Here, too, the disease only stopped after it had seemingly fed on all the inmates of the convent predisposed to the disease. I am not so well acquainted with the facts in this latter instance, and therefore I can not give such full particulars. It must not be forgotten, however, that in this instance, as in the first, the victims of the disease had slept in the same dormitory, a long and wide sleeping-room, with beds ranged side by side.

Since 1873, no cases of consumption have occurred in the convent. At present the members live and sleep in separate apartments, so-called cells.

In 1875, two brothers, Kretz by name, died of consumption. They had been companions, and had often slept together. No other member of their family has died of the disease. The one that died first, and gave the disease to his brother, ascribed his case to having slept with a person afflicted with the disease while he was learning a trade in a distant town.

Wittenhorst, a man of fifty years of age, died of consumption after having had the disease thirty-one years. Madlon, a man of forty-five, has suffered from the malady for fifteen years. Schneider, a man of seventy-seven, has had consumption for nearly forty years, and is still alive. None of the wives or children of these three men have either been attacked by the disease, or seem predisposed to it, though the children are grown, and some of them are married and have children. Their cases are chronic and of the lingering kind, not virulent or contagious.

Remarks: What lessons can we draw from the above facts? I give them as I see them classed and ordered:

1. That such cases should be reported, in order to swell the statistics. Only in this way can it be decided whether pulmonary consumption is contagious.

2. My report ranges itself on the side of the contagiousness of phthisis.

3. That acute cases of pulmonary phthisis acquired by persons because the peculiar construction of their bodies predispose them to it are contagious; and that chronic and lingering cases, not characterized by rapidity or virulence, are either not contagious, or at least not markedly so.

4. That cases of pulmonary phthisis should be isolated, and that they should share their sleeping-rooms, provided they are large and well-ventilated, only with patients sick with the same disease. That this is absolutely necessary; never should a healthy person sleep in the same room with a consumptive.

5. That we can thus limit the spread of this dread disease, especially in schools, etc., where large numbers of the human family are congregated.

6. That rooms used for consumptive patients should be isolated rooms, well-ventilated, large, high, cleanly, light, quiet, and in the lower story of a house, if possible.

7. That the sputum of patients be destroyed by carbolic antiseptics.

8. That rigid cleanliness and disinfection of clothes, personal, and of the bed, be enjoined.

9. That the principal lesson to be deduced from my report is that the cases of phthisis vary very much in severity, in longevity, and in contagiousness. Why? Who will say that this is not the same with every other disease? Smallpox, so different in type in different epidemics; yellow fever, so fatal at certain times, so mild at others; typhoid fever, so severe in some instances; cholera, more virulent in some epidemics than in others.

FERDINAND, IND.

Miscellany.

OVERWORKED EDITORS—In commenting on the death of Mr. Chenery, who recently succumbed to overwork in the discharge of editorial duties, the Lancet says: For the staff of a daily newspaper night is turned into day, and without the proper complementary process of turning day into night; but for the editor-in-chief of a leading journal there is hardly any respite from labor and anxiety, at least none on which he can count. The work of an editor of a periodical appearing once a week is mere child's-play as compared with the toil of a man who is responsible for all that appears in the pages of a daily paper, for the determination of its policy and for the general conduct of its literary affairs. How can any brain stand such wear and tear, or any organism retain its health and integrity of function, with so much work and worry, and so little rest?

SEWERS OF THE OLDEN TIME IN ENGLAND.—Sewers were used in England at an early period, but the first general act controlling them was the bill of sewers, passed in the reign of Henry VIII, 1531. A curious paper by Sir Christopher Wren, in 1678, is quoted, which proposes improvements in "ye new sewers" in "St. Margaret's, Westminster." In 1732 the river Fleet, and soon after several other streams were covered in and converted into sewers. Readers of Pope will be reminded of the lines in the "Dunciad," written only three years before:

"To where Fleet ditch with disemboguing streams
Rolls the large tribute of dead dogs to Thames;
The king of dykes! than whom no sluice of mud
With deeper sable blots the silver flood."

At the beginning of the present century cesspools were universal, and the discharge of sewage into a sewer was penal. Between 1810 and 1830 waterclosets were introduced. At first they emptied into the cesspools, but by a natural transition they were soon allowed to discharge into the street sewers. In 1834 the artist, John Martin, suggested the plan of intercepting sewers, afterward adopted; but nothing at the time was done, and the sewage continued to flow into the Thames, whence, down to the year 1855, water continued to be drawn for the domestic supply of the metropolis.—*Lancet.*

AN IDEAL FOOD.—Why is it that that most economical and nourishing of all foods—*oatmeal porridge served with milk*—finds, in spite of all that medical precept can teach, and medical example indorse, so few advocates in this country? Children who have been brought up to make it their daily breakfast, take to it naturally and easily, and thrive under its use. No hard-working adult who has proved its powers of support through a long morning of cold, exposure, and hard exercise, will allow that any other kind of food is so sustaining and so easily assimilated. Yet how rarely does it form a feature of our national breakfast-

table! This is chiefly, we believe, because few know how it should be prepared in its perfection, so as to be both attractive and digestible.—*Medical Times and Gazette.*

Dislocations in the Course of Acute Rheumatism.—At the Societé de Chirurgie, M. Verneuil (*Journ. de Med. et de Chir. Prat.*) recently drew attention to a rare accident, but of which he had met with seven examples. In the course of acute rheumatism a sudden dislocation with considerable displacement had occurred. All his cases affected the hip or the knee-joints. The displacement was easily reduced, and the cases ultimately did well. The practical conclusion he drew was that in cases of acute rheumatism, especially where the disease localizes itself persistently in one joint, or when it occurs as a sequel to severe fevers, the joints should be carefully watched and vicious positions corrected.—*Birmingham Medical Review.*

Cholera.—Henry Dunn Glasse, in a communication to the Lancet on an outbreak of cholera in India, notes the following curious observation: There was a strange peculiarity about this outbreak well marked in other respects. All the Hindoos attacked were flesh-eaters, and they, with the Mussulmans and Jews, were indiscriminate victims, the rice-looking vomit holding large quantities of tapeworm. This immunity of the vegetarians, of whom there were many, was the more remarkable, as in all the many other outbreaks I have seen among the natives, Brahmins, the most rigid abstainers from flesh, fowl, and fish, were as often attacked and killed by the disease as were persons of any other caste or class.

There is no profession in which there is so little temptation to downright lying, and so much temptation to fibbing, as that of Medicine. (London Medical Times.) It is so difficult to tell a patient bluntly, "I do n't know what is the matter with you," when half a dozen plausible assumptions, any one of which would suffice to save one's reputation and retain the confidence of one's patient, start to the tongue. It is so difficult to say, "Sir, your wife's a drunkard," or, "Madam, you have cancer of your right supra-renal capsule, and will be dead in six months," when a little prevarication would be so much easier and pleasanter for all parties.

Big Hearts—At a recent meeting of the New York Pathological Society a specimen was exhibited by Dr. Robinson, consisting of a heart from an individual, six feet four inches tall and of corresponding proportions, who had suffered for years from symptoms of disturbed circulation. The organ weighed fifty-five ounces, and was believed by Dr. Robinson to be the largest on record. The president, however, cited one formerly presented to the Society by Dr. Clark, which weighed fifty-seven ounces.—*Medical Times.*

The Odor of Sanctity.—Dr. W. Hammond maintains that the odor of sanctity is no mere figure of speech, but is an actual phenomenon of certain neuroses. He has met with four patients who, during excitement, perspired sweat smelling of violets, and of which he made an alcoholic extract presenting the perfume very markedly. He explains this peculiarity by supposing that the sweat contains butyric acid, which is much used in perfumery.—*Ibid.*

A Case of Thomsen's Disease.—Thomsen's disease is a peculiar condition of muscular rigidity, usually congenital and hereditary, in which the patient requires to make a considerable effort to alter the position of any of his muscles. Schonfeld has described (*Berl. Klin. Woch.*) a case in a soldier, without hereditary predisposition, and who showed no signs of it till the age of fourteen, when it appeared to follow a fright from being bitten by a dog in the leg.—*Ibid.*

Personal—J. S. Billings, M.D.—Dr. J. S. Billings has declined various offers to connect himself as a member of the faculty or lecturer in medical colleges, and has recently been placed in charge of the Army Medical Museum. His long connection with the library department of the surgeon-general of the army has been of incalculable value to its interests, and assures all that in his new sphere of duty he will not be found wanting.—*Pharmaceutical Record.*

Micrococci of Scarlatina.—Dr. Pohl. Pincus (*Centlb. f. d. Med. Wissensch.*) has found micrococci in the epidermic scales of scarlatina, which he regards as contagium bearers, and as indicating the immense importance of inunction with some antiseptic such as carbolic oil.—*Birmingham Medical Review.*

The Louisville Medical News.

Vol. XVII. SATURDAY, MARCH 22, 1884. No. 12

L. P. YANDELL, M.D., - - - - - - }Editors.
H. A. COTTELL, M.D., - - - - - - }

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

1837. LUNSFORD PITTS YANDELL. 1884.

Just as the last issue of the NEWS was going to press we were called upon to announce the sudden death of Dr. Lunsford P. Yandell, the senior editor of this journal. Our mournful duty at present is to give a brief sketch of the life and character of this widely known and greatly loved man. At another time and in another place, abler hands will give in more permanent shape and in fuller form a memoir of one who, already prominent as writer, teacher, and practitioner, would, had he lived to life's ordinary span, have exercised a very marked influence upon medical thought and medical practice in America.

Lunsford Pitts Yandell was born on the 6th of June, 1837, at his father's plantation, Craggy Bluff, in Rutherford County, Tennessee. His father, the late Lunsford P. Yandell, sr., who died a few years since, was for more than fifty years one of the foremost medical men in the Southwest. Lunsford received his scholastic education in the school of Prof. Noble Butler, the beloved educator, who died in this city but a short time ago. He graduated in medicine from the University of Louisville in 1857. Two of his classmates, who had been schoolmates as well, are Professors Sam. W. Gross, of Philadelphia, and Austin Flint, jr., of New York. He had, among others, as teachers in the University, the eminent fathers of these two distinguished men. The year after his graduation he further prosecuted his studies in the Louisville City Hospital and in the Stokes' Dispensary, an institution founded by the liberality of the gentleman whose name it bore, and which was under the direction of the venerable Prof. S. D. Gross, and of his brother, Dr. David W. Yandell.

Early in 1858 he selected Memphis, Tenn., as the field for his future work. In 1859 he accepted the chair of Materia Medica and Therapeutics in the Memphis Medical College, a position which he held, with satisfaction to his colleagues, until the breaking out of the late civil war. Born in the South, reared in the South, he espoused the cause of the South, and enlisted as a private soldier. As such he took part in the first battle of the Southwest, that of Belmont. A letter which he wrote from this field to his father was published in the Louisville Journal newspaper, and was subsequently incorporated in the United States history of the war, as being the most graphic account of that engagement.

Gen. Polk, who commanded at Belmont, hearing in some way that Dr. Yandell was a private in the ranks, sent for him to come to his headquarters. When in his presence this distinguished soldier said: "Yandell, we need men to carry muskets; but we shall need surgeons too, and one of your name belongs naturally to the Medical Department of the service. You will therefore report for duty in that department to the Medical Director of the Army." He obeyed the orders of his superior officer, and was appointed surgeon.

At the battle of Shiloh he came under the immediate eye of General Hardee, and after that engagement was assigned to duty with that spotless and brilliant soldier as Staff Surgeon and Medical Inspector, which posts he filled with distinction until the last battle of the war. In every engage-

ment in which he took part he was complimented in orders by his commander, not only for his care for the wounded, but for gallantry upon the field.

The war over, he was paroled, and, thinking Louisville offered a better home than Memphis, he came to this city and at once engaged in professional work. He soon acquired a large business, which steadily increased in size and importance. Two years later he married Louise Elliston, of Nashville, Tenn., by whom he leaves four children, one, a boy, bearing the name no less than the features of his father.

The following year he spent with his wife in Europe, where he applied himself with his characteristic zeal to the study of the practice of medicine as seen there, and especially to diseases of the skin, a department in which it is well-known he subsequently became a very high authority.

In 1869 he was called to the chair of Materia Medica and Therapeutics and Clinical Medicine in the institution from which he had graduated twelve years before. This place he held until two years since, when he was appointed to the chair of the Theory and Practice of Medicine.

As a didactic lecturer Dr. Yandell was singularly attractive. But it was especially as a clinician that he excelled, for in his manner to the sick poor who crowded his clinics there was a gentle sympathy and patient consideration which grew in his heart, while his comments upon the diseases which they presented were marked by a quiet earnestness and subtle force which enlisted the attention and added to the knowledge of his classes. Dr. Yandell was a steadfast student. As a writer he needs no mention in this place.

Six years ago, in the midst of what seemed perfect health, he was seized with an overwhelming anguish in his entire chest, which continued for a length of time so great as to excite the gloomiest apprehensions in the minds of his physicians. The pain slowly yielded to remedies, but was followed by a persistent jaundice which kept him for a long time very feeble. Similar seizures of pain continued, but none so severe as at first, at intervals throughout the remainder of his life. He sought relief in a voyage to Great Britain, and while in London consulted Sir Joseph Fayrer and other distinguished medical men, and returned home somewhat improved, at least in his general condition. But his old enemy continued to project its shadow at times across his path. He was so intent, however, upon the work which he loved so well, that he really gave his malady but little heed. No physician had ever expressed a positive opinion as to the actual nature of his ailment, and none had ever prescribed for him with benefit. Immersed in business, he persisted in his labors, seemingly in his usual health, until the 12th of March. On the morning of that day he awakened with a violent headache. He had had many headaches before. Continuing to suffer, he took, toward evening, thirty grains of chloral, a remedy from which he had often derived comfort in like attacks. It served him well again. He was soon easy, and asked for food. In the few moments required for its preparation he suddenly lost consciousness, the pallor of death settled upon his face, and he ceased to breathe. The physicians who saw him a moment after, were of the opinion that paralysis of the heart was the immediate cause of his death.

"But, ah!" as a friend, whose own fine qualities enabled him to see the subject of this sketch as he was, has appreciatively written, "how insufficient is the recital of these details of his career to even suggest, much less to portray, the man whose death we deplore!

"A splendid specimen of physical beauty, his presence compelled attention in whatever company he entered, even before he spoke his kindly greeting of courtesy to all. A gentleman as of the olden time, he ever hastened to offer welcome to visitor of our city, and in his home illustrated Kentucky hospitality. The crowded parlor waited for his accustomed epigram, and the merry laugh

rang loud over the paradoxes he delighted to speak. Large place he filled in the world of society in the city which he loved so well.

"In the University with which his name had been so long associated, despite his comparative youth, he had gained the seat of honor; and there his peculiar power of epigrammatic expression illumined the dreary wastes of practice through which he guided the student. The testimony of his pupils is unvarying that it was a joy to sit at his feet. 'T is a sweet memory to those who loved him, who knew his reverence for God and for good and his desire to be able truthfully to confess the Christian Creed, that the last words he ever spoke in the lecture-room were these: 'Young gentlemen, be skeptical about every thing except God and love. Never doubt the existence of God, or the truth of Christianity, for they are the only truths which will stand the "trial of life."'

"And yet his joy was deeper in hospital and dispensary, where day after day he met the poor and the miserable, where he ministered to the bodily pains of those who could not buy the help they sought. Yes, here was Lunsford Yandell's throne, and not the professor's chair, nor yet the editor's desk. Graceful as was his pen, ready as was his tongue, he loved best to stand by the bedside of the suffering and with tender hand apply his healing art. Tenderness was the characteristic of the man always and every where, and Truth that was not afraid to speak in the face of all opposition, Truth that disdained a false claim to merit, Truth that could confess itself to have erred, Truth that would be loyal to its friend under all difficulties.

"As we write we recall more than one exhibition of these characteristics. We remember how he was content to be charged with disregard of professional ethics, that he might go and watch the sick child of his absent friend, when that child was being treated by a physician not of the regular school. We remember how he turned away in tears from the place where Cowling's books and instruments were being sold by the auctioneer. They were sacred things to him; they had known the touch of the dead hand he longed to clasp. We remember the patient endurance of many a slight and many a wrong, and a forgiveness that put away into perfect oblivion the wrong-doing and the doer. His own spirit did precede but a little way into the unseen world that of a youth whom he loved, and whose bedside had welcomed him more than every day for weeks before his summons. 'Why do you go?' he was asked, 'you can do him no good.' 'No,' he replied, 'but he loves to see me, and my visit cheers him.'

"He loved men; he loved to minister to their needs, and best of all to those who 'had no helper.'

"With strong convictions, with a formed opinion on every mooted question, convictions and opinions he was ready to speak; yet always gentle, always forgiving, always tolerant of the thinker who saw not with his eyes.

"May we dare for a moment lift the sacred vail which hides his home, and look on our brother amid the loved ones who made his happiness? 'T is but that we may there behold the same principles of conduct in mightiest operation, developing the man into the father who never forgot his children, whose every thought was for their elevation and their happiness, and who to them, as to all others, was just and true and tender. A single instant before his brave heart ceased to beat his lips spake to his baby boy an apology for a thoughtless word which had pained the little man. His very last breath was full of tenderness and truth.

"Peace to his ashes! His work is done, his sun has gone down while it was yet high noon. What reward did he gain? Ah, brothers, come stand in the darkened chamber where lies the empty casket from whence his life has fled:

"An old man, poor and almost blind, is brought, at his request, that he may look once more on the features of the friend who had so often helped him. The curtained light hides the face he would see.

'It is so dark,' he says, 'but may I not kiss him?' And kneeling down he gives the kiss of gratitude to the cold lips. Such was his reward—

"'. . . Stranger, if to thee
His claim to reverence be obscure,
If thou wouldst know how truly great was he,
Go ask it of the poor.'"

The faculties and students of the several medical schools in the city, the various societies of which Dr. Yandell was a member, and the physicians at large passed resolutions expressive of the esteem in which the deceased was held. Telegrams and letters of condolence from all parts of the country poured in upon his family.

His colleagues in the University met and wrote:

The sudden death of our beloved colleague, Lunsford Pitts Yandell, Professor of the Science and Art of Medicine in the Medical Department of the University of Louisville, has overwhelmed us with deepest sorrow. To us, his colleagues, who have known him intimately, he was endeared by his genial and sunny disposition, his generous and noble impulses, his warm-hearted friendship, his upright, honorable and manly character. We loved him because we knew him, and because we loved him we cherish his memory and mourn his loss.

In Prof. Yandell's death the University of Louisville has been deprived of one her most distinguished alumni, a zealous and devoted teacher and friend, a brilliant and eloquent lecturer. The good of the University, her honor and glory, were ever dear to his heart. In her service he spent the best part of his life, and in her behalf he put forth the highest efforts of his gifted nature. His illustrious father was one of the founders of the University of which he in time became an alumnus, then a private teacher, and finally a professor. In this capacity he added to the renown of his Alma Mater by his spotless character, his earnestness and attractiveness as a teacher, fully maintaining the honor of a name so long and justly celebrated in the annals of medicine. As a physician he was successful in practice, and enjoyed in the fullest measure the confidence and affection of all classes. He was greatly beloved by his numerous patients for his gentleness and sympathy, his kindness and devotion to duty, as well as for his varied and extensive learning and rare practical insight and skill. He was an original and independent thinker and a frequent contributor to the current literature of his profession. He wrote with facility and grace and had the great gift of presenting in a clear and vigorous style whatever subject he wrote upon. As a medical editor he wielded a marked and most beneficial influence. The journal he conducted for so long, and which will ever be identified with his name, rose in popularity and power under his active and able management. It must continue one of the monuments which will perpetuate the memory of his virtues, his talents and his work.

The physicians of the city gathered in exceptionally large numbers the day after Dr. Yandell's death, and expressed themselves through Dr. Coleman Rogers as follows:

We have met to-day on a very solemn occasion, and one whose repetition has become but too frequent in the history of our guild. We have assembled to pay a tribute of respect to the memory of a departed and a deeply-loved member of our profession. Our regrets are now not for one who has rounded up his days in serene old age, but for one whose task was far from completion, and upon whom a life of usefulness was fast beginning to dawn in the fruition of his hopes. Yes, the rose and expectancy of the fair State has withered, and that form, the paragon of manly beauty, has been laid low. Lunsford Pitts Yandell has been suddenly called from his earthly labors, in all the pride and strength and beauty of his magnificent manhood, and in the midst of his usefulness. But a few days ago he seemed to be a type of manly vigor and activity, and none of us would have imagined that he was destined for an early death. But, like his confreres, Bayless, Crowe, Cowling, and Foree, Dr. Yandell died in full panoply—changed, as it were, in the twinkling of an eye from time to eternity. These are lessons that should not pass unheeded.

"Is death uncertain? Therefore be thou fixed,
Fixed as a sentinel—all eye, all ear,
All expectation of the coming foe."

A detailed account of Dr. Yandell's life-history will appear elsewhere. On an occasion like this all that can be done is to express in some measure the grief we feel when called upon to face so appalling a calamity as the death of such a man. To say that Dr. Yandell has deservedly filled a large space in the public eye; that he has acted his part honorably and well; that he was the idol of his family, friends and social circle, would be but to recount facts well known to all. His personal record as a man, a citizen, and a physician is stainless. And what more can be said than this? His reputation as a man of science was not confined within the narrow limits of our own city and State, but was national, indeed cosmopolitan. As a practitioner, writer, journalist and teacher he was *primus inter pares*. He was an ornament to his profession, thoroughly alive to its interests, jealous of its honor, and anxious to see it occupy an exalted position in the minds of his fellow citizens. His

extreme kindness of heart, his charming humor and *bonhomie*, his courtliness and grace of manner, made his presence among his friends and patients ever welcome. He was the true type of the chivalric Southern gentleman, *nascitur, non fit.*

Charity never appealed to him in vain, and he was always ready to lend a helping hand to those who needed his assistance. Access to his home, which he so often afforded his friends and associates, served to display his liberal and princely hospitality and to give glimpses of that tender love and devotion which characterized him as a husband and father. Strong in his convictions, he was as earnest in their defense. In the various phases of medical politics in which he was necessarily an active participant, he administered blows as well as received them. But his nature, and his love for his fellow man, did not allow of his harboring enmity. The foes of to-day would more than likely be his friends to-morrow, and when he laid himself down to his final rest, we think it can be truly said that it was with malice toward none and with charity for all. He mingled with us as a joyous, loving, happy and honored companion in all the walks of private and professional life, and we feel, and shall long feel, a deplorable loss in his absence. His bodily presence is gone from us, but he will ever live in our memories, a well-spring of delight, and surely

> "To live in hearts we leave behind
> Is not to die."

This much, and far more than this, was said and written at the several meetings of physicians alluded to, but this must suffice now. What we have here said of the deceased relates rather to his qualities, capabilities, and worth as a medical man seen through the eyes of medical men. That some idea may be formed of the estimate placed upon him by the community in which he was raised, and where he lived his life—of its estimate of him as a man and a citizen—we reproduce here the editorials contained in the Courier-Journal, Commercial, and Argus newspapers.

From the Courier-Journal:

The death of Dr. Lunsford P. Yandell would at any time have been felt as a public bereavement. Dying now, in the vigor of his manhood, in the plenitude of his power, with his mind strengthened and deepened and disciplined by faithful study and by the stern experiences of life faithfully met—dying now when best understood and best prepared for the exacting labors of his profession, his death is to thousands a personal misfortune, and to the public a loss irreparable. "Oh, man, greatly beloved, go thou thy way till the end, for thou shalt rest and stand in thy lot at the end of the days."

This is not the place to express, could words express, that sense of personal bereavement which weighs heavily on so many. Dr. Yandell's character was so marked and strong, he was such a force in this community, that he was not simply a private citizen. Here he studied in his youth; here he struggled in his early manhood; here he made friends, who to-day rise up and call him blessed; and, alas for poor human nature! enemies whom death has silenced, and here he won that high position in his profession and in the esteem of his fellow citizens which any one might envy.

Dr. Yandell dies in his forty-seventh year, ripe for much labor, and well worthy that love and confidence which is labor's best reward. Looking forward hopefully, cheerfully, confidently to years of service in the cause of science, in the cause of humanity, which true science ever serves, the summons came. But death, imperative, implacable, irreconcilable, can not take the best part of him. He lives, and his works do follow him. He lives in the memory of his friends; he lives in the gratitude of those whom he served; he lives in the words he has written, in the records of his studies, experiments, and investigations. This is a heritage invaluable, inestimable, and as we consider it, and more, as we test it by all true and just standards, it will seem all the brighter and better.

The characteristics which won him admiration and confidence here among us were the same which on the field of battle brought him distinction—courage, decision, determination, and an unswerving devotion to his duty as he saw it. By courage we mean something more than the physical trait which is so common, something more than even that courage called moral, which is rarer; we mean a fearless following of his convictions without weighing consequences, and a cheerful, unmurmuring payment of all the penalties of such a course. He was the soldier of science, not with boasting and vainglory, but with a questioning humility that seemed at times paradoxical.

To this courage he added a gentleness of demeanor, a certain courtly grace of manner, that was irresistible. He had all the advantages of an imposing appearance, tall, straight, and well built; in physical proportions he was one in a thousand. The very type of his manhood was at variance with all things mean or ungenerous; nature does not cast ignoble men in such a mold.

Dr. Yandell sought to know nature and nature's laws better; to give her beneficent forces free course. In his teachings and in his practice, by precept and example, he was ever saying: "Prove all things; hold fast to that which is good."

He delighted in nature and all her works. He

studied nature in all her aspects. He found "tongues in trees, books in running brooks, sermons in stones, and good in every thing." It was not a mere dilettanteism, an out-door estheticism; it was a love firm and abiding, manifested in hours and years of exhaustive study and tireless investigation.

Dr. Yandell was a good worker; work when in health was his delight. So devoted was he to all of his pursuits that he followed them earnestly and zealously even when pain weakened his physical power and made labor ten times more difficult. During the past six years he has been a sufferer, subject to attacks which caused intense agony, yet his energies never flagged, and these last days were his best days. Many times has he passed the long night by the bedside of a patient, seeking to alleviate a pain not comparable to what he was enduring.

Every successive stage of his journey opened to him larger fields of usefulness; made him realize how much was yet undone, until, strong in the faith that he had his own work to do, he said: "I shall not die yet." Said a friend once to Arnauld: "Why do you not rest sometimes?" "Rest," he answered, "Why should I rest here? Have I not an eternity to rest in?" This was the spirit of unrest which possessed Dr. Lunsford Yandell.

We speak thus of him for the encouragement of those who follow him afar off, for the young men, his pupils, for those in other vocations, urging them to emulate his actions. He was a physician faithful to all the requirements of his calling. But he was more than this; he was a public-spirited citizen. His time, talents, energy, his zeal and his means were always at the service of the people, because he believed a man owed certain duties to society, which, if neglected or disregarded, would bring disaster. Well will it be when our men in all callings give the same attention to public matters Dr. Yandell always gave.

If his life of activity, if his death, sudden and swift, carry not their own lessons, leave not their own impressions deep and lasting, it were idle to multiply words. Here in his success, which was abounding, is his message to those who are to follow him.

Of personal grief, of sorrow long abiding and sterner as the days pass, we can say nothing, but could he speak to-day we doubt not his words would be something like these:

"And in your life let my remembrance linger
As something not to trouble and disturb it,
But to complete it, adding life to life;
And if at times beside the evening fire
You see my face among the other faces,
Let it not be regarded as a ghost
That haunts your house, but as a guest that loves you;
Nay, even as one of your own family,
Without whose presence there were something wanting."

From the Louisville Commercial.

The community will be shocked this morning to hear of the death of Dr. Lunsford P. Yandell. It was appallingly sudden and unexpected. Dr. Yandell was a man of magnificent physique, a model of manly strength and beauty—the very picture of vigorous health. If any acquaintance of his had been called on to select one most likely to live to hale old age, he would have been chosen from a thousand. He was suffering yesterday from neuralgia. About 7 P.M. he took a moderate dose of chloral. It relieved him and he asked for supper; before it was ready he was dead. It is impossible, as we write, to realize that he is dead, or to appreciate fully all that is lost with him. Society, of which he was an ornament, his profession, to which he was an honor, his friends, to whom he was a delight, will long remember and mourn him. Of the sacred grief of his family we can say nothing. All who knew Dr. Yandell intimately must have remarked how much he had expanded mentally and intellectually in the last half dozen years. Before that the abounding vigor of his physical constitution seemed to have afforded him so much pleasure in living that his mind did not assert the prominence to which it was entitled; but of late years he has acquired, without apparent effort, high rank as a patient and skillful investigator, a forcible and eloquent speaker, a brilliant writer, and a thoughtful, far-sighted citizen. He was a charming companion; his talk copious, ready, full of wit, originality and humor; and his manner that happy combination of the courtly graces of the old school with Southern geniality and Western heartiness, which makes the most delightful manner in the world. He was a most gallant gentleman, a noble physician, a good citizen, and a generous friend. Alas! that we have to say he was all this, and that he is dead.

From the Sunday Argus:

The death of Dr. Lunsford P. Yandell, Wednesday evening last, was singularly distressing. It awakened a sense of profound grief throughout the city. Until within two hours of death, he was active in the profession which he adorned by his learning, his genius, and his skill. The fatal messenger gave but little warning of its approach; his heart ceased its beating in the pangs of paralysis. Dr. Yandell had reached only the mid-time of life. His career, nevertheless, had been marked by triumphs that might have filled the ambition of an older man. There had gathered about him a phalanx of friends, and the highest honors of his profession had blossomed on his brow. To these was added the pure love of wife and of children, whose hopes were unspeakably dear to his heart, and for whom he could offer no sacrifice too great. He was an embodiment of manliness. His whole

character was high, noble, and broad. Endowed with rare intellect, he had enriched it by studious culture. He practiced his profession in the spirit of a humanitarian, and taught its great principles with a scholarly pen and an eloquent tongue. Many a bedside of the sick in Louisville has been relieved of care of pain and of dread by his tender words, and many a dying man and woman has blessed with latest breath his gentle ministrations. Dr. Yandell was an example and a pattern to his race. His life seems extremely brief, because it was unutterably precious to all who knew him. The day of his death was the first for weeks that had dawned in sunshine here, and it appears now to have come with its bright face to sweeten his own last hours. He died with the day itself, and his receding spirit shared the mellow setting of the sun. The community is filled with sorrow for the loss which has thus been inflicted upon it. It can not be repaired. The tomb in which his body rests is a silent dwelling-place, but the virtues of the dead will be spoken every day; and the name of Lunsford Yandell will survive the shadows of the grave.

Selections.

How to Manage a Midwifery Case.—The following is extracted from a paper (Obstetric Gazette) on the Prevention and Treatment of Puerperal Fever, read before the New York Academy of Medicine, in December, by T. Gaillard Thomas, M. D.:

Prophylactic measures which should be adopted in all midwifery cases, whether they occur in hospital or in private practice:

1. The room in which the confinement is to take place should have the floor, walls, and furniture thoroughly washed with a ten-per-cent solution of carbolic acid or mercuric bichloride, 1 to 1,000, and the bedstead and mattresses should be sponged with the same solution. Curtains, carpets, and upholstered furniture should be dispensed with as far as possible.

2. The nurse and physician should take care that all their clothing, both under and upper, be clean and free from exposure to the effluvia of any septic affection. Should either of them have been exposed within a fortnight to the effluvia of such affections as scarlet fever, typhus erysipelas, septicemia, or the like, they should change every article of clothing and bathe the entire body, especially the hair and beard with a reliable antiseptic solution; that which I prefer for this purpose is a saturated solution of boric acid.

3. As labor sets in, the nurse, having thoroughly washed her hands, cleaned her nails with a stiff nail-brush, and soaked them in antiseptic fluid, should administer to the patient a warm vaginal injection of antiseptic character; bathe the vulva and surrounding parts freely with the same; repeat this every four hours during labor, and keep a napkin, wrung out of the warm antiseptic fluid, over the genital organs until the birth of the child.

4. Before assuming the functions of their respective offices at the moment of labor, both doctor and nurse should wash the hands thoroughly with soap and water, *scrub* the nails with a stiff nail-brush, and soak the hands for several minutes in a bichloride solution, 1 to 1,000.

5. The first two stages of labor having been accomplished, the third stage should be efficiently produced; all portions of placenta and membranes removed, and ergot administered in moderate doses three times a day, and kept up for at least a week, for the complete closure of the uterine cavity, expulsion of clots and occlusion of the utero-placental vessels.

6. The doctor, taking nothing for granted, not satisfying himself with a vague report of the nurse, should, at the conclusion of the labor, carefully examine the vulva of the patient. If the perineum should be lacerated, it should be closed at once by suture, to shut up this avenue to septic absorption; and, should slight solutions of continuity be found in the labia or the vulvular extremity of the vagina, these should be dried by pressure of a linen cloth touched with equal parts of sol. ferri persulph. and carbolic acid, again dried thoroughly by pressure with the cloth, and then painted over with the gutta-percha collodion. If this be thoroughly done, absorbtion will be prevented at these points for at least three or four days, when the application may be repeated.

7. In six or eight hours after the labor, when the patient is rested, the vagina should be syringed out with an antiseptic solution, and a suppository of cocoa butter, containing from three to five grains of iodoform, should be placed within it under the os uteri. A syringe with intermittent jet should be used, which will wash away with gentle force all blood-clots, and reliance should not be placed on the feeble drip of the fountain syringe, the advantages of which are, I think, entirely theoretical.

8. These vaginal injections and suppositories should, in cases of normal labor, be

repeated every eight hours; in cases of difficult or instrumental labor, twice as often; and they should be kept up for at least ten days, the nurse observing to the last the precaution already mentioned of washing her hands before every approach to the genital tract of the patient.

9. When catheterization becomes necessary, it is safer to employ a new gum-elastic catheter, which before use should be thoroughly immersed in antiseptic fluid, and which should be destroyed at the conclusion of the case, rather than to trust to the nurse's cleaning of an old silver instrument which bears within it the register of a list of cases of septicemia in which she has employed it during the past two or three years. *It is a very common and very bad habit for nurses to own silver catheters, which they carry with them from case to case of midwifery.*

10. Last, but by no means least, let the physician inform himself by personal observation as to the competency of the nurse to syringe out the vagina thoroughly, to place the antiseptic suppositories where they should be, and to use the catheter without injury to the patient. Neglect of this precaution has frequently resulted in leaving a fetid upper segment of the vagina entirely unwashed, while the antiseptic stream was limited to the lower third of the canal.

Before leaving this part of my subject, let me in the strongest manner record my protest against the use of intra-uterine injections as a prophylactic measure, except after very severe operations within the uterine cavity which render the occurrence of septicemia almost certain. As a preventive measure, to be uniformly adopted, I look upon it as to the last degree rash and reprehensible. The use of a dangerous remedy in combating the results of a dangerous disorder is always admissible, but a resort to a hazardous procedure for a condition in connection with which danger has not shown itself, and may not do so, should be viewed in quite a contrary light.

Dr. Goodell on Ovariotomy.— Dr. Goodell has seen about a dozen ovariotomies in Great Britain, and only one was a difficult case, and in that the patient died. There he had seen patients refused on account of their age, while in this country they are not. He had operated successfully in patients aged respectively sixty, sixty-one, sixty-two, sixty-four, sixty-five, and sixty-seven years, and some one in this city (Philadelphia) had a successful case in a patient over eighty-three. Dr. Goodell had once operated on a patient seventy-six years of age, of a long-lived family. This was before the days of antisepsis and the patient died. He believes that minute attention to the details is the chief element of success. One important point is to make the abdominal incision sufficiently large to see every adhesion as it is separated, and to ligitate or secure immediately every bleeding point. This requires a courage which it took him years to attain. He always observes Spencer Wells's method of placing a flat sponge beneath the abdominal walls when introducing the closing sutures. He does not like wire, but always uses carbolated silk sutures, each eighteen inches long. After all have been placed, the ends are twisted together in one strand on either side, and caught in the bite of a pressure-forceps. The lips of the incision are then widely separated, and a final search is made for any oozing, leakage, or accumulation of serum. They are then rapidly tied and the wound dressed. This final toilet of the peritoneum can not be made when wires are used. He now believes in the use of a drainage-tube, but he had hard work to bring himself to the point of accepting it, as he still looks upon the tube as a foreign body, a necessary evil. He had once seen death caused in a healthy man by the simple perforation of the peritoneum, without wound of the intestine, by a small stilette, and this had made him fearful of the effect of the presence of a drainage-tube. But he considered that the peritoneum in the case of an ovarian cyst has, by thickening and attrition, lost much of its vulnerability, and does not resent slight causes of irritation. He occasionally resorts to the actual cautery at a black heat to stop bleeding from torn adhesions, but he prefers the pressure-forceps, the ligature, or the application of Monsel's solution. He thinks there may be some truth in Dr. Smith's idea concerning the effect of the low temperature of the operating and of the convalescent room. He was struck with the absence of ill results in one operation in London by Dr. Bantock, of which he had been a spectator. The day was cold, damp, and foggy, and the operating room was chilly, the windows being open, but the patient promptly recovered. One case of his own, in which the extreme emaciation and prostration of the patient forbade postponement, was operated upon in severe winter weather; the steam pipes at the hospital had been frozen over

night, and although they had been thawed out the temperature of the operating room was only 54°. In this case the cyst had contained colloid matter, and had burst spontaneously; all that could possibly be removed was scooped, sponged, and washed out. Much remained behind, yet the patient recovered and afterward became quite fat. This operation was performed three years ago; both ovaries were removed, but another tumor can now be discerned in the abdomen. The patient being fat, and also very sensitive, it is not possible to determine accurately its character; but he hopes it is a pedunculated fibroid of the uterus, and not a malignant tumor.—*Obstetric Gazette.*

THE PHYSIOLOGICAL EFFECTS OF MURIATE OF COCAINE UPON THE HUMAN BODY. Dr. Th. Aschenbrandt gives, in the *Deutsche Medic. Wochenschrift*, No. 50, 1883, in a somewhat lengthy article his conclusions regarding the medicinal use of cocoa, not only arrived at by his experiments upon others, but also upon himself. A. testifies that the active principle residing in cocoa leaves, the alkaloid "cocaine," is the agent which possesses the wonderful properties claimed for the leaves by Mantegazza, Morèno, Mais, Unanne, Tschudi and others; that whenever he gave small doses of muriate of cocaine, it enabled his subject to resist hunger and thirst, to endure great physicial efforts, and the author considers it a nerve nutriment. Such experiments, A. contends, are not to be made upon animals kept caged. "I found what I wanted during the fall maneuvers of the military, where I experimented upon vigorous men subject to all hardships of a campaign in dry, hot weather, and to whom I administered cocaine without their knowledge, and subsequent objective observations enabled me to verify what is claimed for the alkaloid, which was furnished from Merck in Darmstadt. I made solutions of 10 grams each, varying in strength from 0.01 to 0.5 of muriate of cocaine, and of such solutions I gave as single doses from fifteen to twenty drops. I must state, however, that I could not always drop the liquid accurately."

Except in six cases, which A. describes especially, he employed the medicine upon men who complained of exhaustion, especially that following upon diarrhea, which case occurred quite frequently on account of the abundant fruit crop, and in these cases the treatment was a great success. Wherever exhibited, the effect of the drug upon the human system was more beneficial than that of alcoholic beverages or of coffee; in fine, the effect of cocaine upon exhausted people was altogether remarkable.—*Translated by S. J. B. for Pharmaceutical Record.*

INFANT FEEDING.—From a lecture by John M. Keating, M. D. (Archives of Pediatrics), the following practical suggestions are taken:

If a child is so weak and exhausted that it will not digest the mildest form of prepared food, and it is impossible to obtain breast-milk, for this should be our first thought, it is useless to weaken the condensed milk, or whatever we use, to such a degree as to make it absolutely valueless as a nutrient; the proper thing to do, under such circumstances, is, in my opinion, to give some form of food which requires but little action of the digestive juices, or to prepare the food so that it is partially digested beforehand.

I have used for some time, with great advantage, egg albumen dissolved in water as a food for sick children when the stomach was intolerant of ordinary milk food. I have also observed that gum-arabic water will nourish for a surprisingly long time and allay irritability.

The barley food, as recommended above, would be valueless in a case of this kind, and pure cow's milk, diluted to resemble as closely as possible the mother's milk, would be regurgitated. In such cases—and they are very frequent in the summer months—the preparation of milk which has undergone partial digestion by the pancreatic ferment, in an alkaline condition, I have found most useful. The preparation is one which must be made with care and according to the following directions: Into a clean quart bottle put a powder of five grains of extractum pancreatis and fifteen grains of bicarbonate of soda, and a gill of water; shake; then add a pint of fresh milk. Place the bottle in a pitcher of hot water, or set the bottle aside in a warm place for an hour or an hour and a half, to keep the milk warm; by this time the milk will become peptonized. When the contents of the bottle acquire a grayish yellow color and slightly bitter taste, then the milk is thoroughly peptonized; that is to say, that the caseine of the milk has been digested into peptone. Great heat or cold will destroy this digestive action, so to prevent all further action, when you think that the di-

gestion has progressed far enough, at once place the bottle of peptonized milk on ice, or into a vessel of boiling water long enough to scald its contents; it may then be kept like ordinary milk.

I have found from experience that it will be objectionable to the child if the bitter taste is at all well marked; the mother, who should receive your instructions, should be warned to frequently taste the milk during its digestion, and as soon as the bitter taste is the *least* apparent, the bottle should be placed on the ice for cooling and use, as in these instances it is sufficient to partially peptonize the milk.

I mention these facts particularly, as, strange to say, I have always failed with it in hospital practice, whereas in private practice I have had some excellent results, owing, I think, to extra care in its preparation.

Whey is another admirable alternative in these cases; it can be made in the usual way by rennet and afterward sweetened slightly and given to the child cold or warm as it prefers, in the same manner as ordinary bottle feeding; it may be made with wine and given when there is great weakness, being both nourishment and stimulant. Mothers do not often know how to make wine whey. The proper method is to put the milk to boil and when boiling put a wineglassful of sherry, say, to the pint into it; if the curd does not separate, add more wine until it does; and as soon as you notice separation of the curd taking place add no more wine, but let the mixture boil for a time until the whey and curd have been thoroughly separated, consuming about five minutes. This should be then thoroughly strained. It has been recommended to use lime-water in the feeding of infants and young children. I am opposed to its indiscriminate use. I have seen children who could not tolerate even the ordinary weak preparation of the pharmacopeia. Undoubtedly at times it may arrest vomiting, as we well know, both in children and adult practice, but I much prefer when it is necessary to use an alkali—and if you use cow's milk raw for a young babe, it is always advisable to see that it is made alkaline—to do it with a small quantity of bicarbonate of soda.

The food which I have recommended to you above for the weaning of children I am sure you will find it work satisfactorily, especially in large cities, where the milk supply is so apt not to be reliable, and on that account so difficult to keep sweet without boiling. I have one word of caution to give you in regard to the use of nursing-bottles. They are certainly useful as labor-saving machines in early infancy, and when thoroughly cleaned and carefully watched are no doubt indispensable, but I have long since come to the conclusion that if you can persuade the mother and nurse to take the time and have the patience to feed a child that is old enough to manage by the cup or spoon, the word *colic* will seldom meet you in your practice. I am convinced that in institutions for foundlings, if it could be possible to discard the bottle, the percentage of death would be very much diminished.

LUPUS.—Mr. Jonathan Hutchinson recently read a paper on Lupus before the London Medical Society. The following is from the Lancet's abstract: A slowly creeping and infective form of inflammatory new growth in the skin and mucous membranes which invariably left a scar would be a fair working definition of lupus. Rodent ulcer tended to ulcerate deeply, and had little tendency to form a scar. But syphilis would be included in the definition. Lupus erythematosus and lupus vulgaris were contrasted. The symmetry and situation of the former were very marked features. It had a definite tendency to symmetry without continuity of extension. This proved that the disease depended upon inborn peculiarity of structure involving susceptibility to very slight exciting causes. Lupus vulgaris spread only by direct continuity; and although it might become multiple, it remained conspicuously non-symmetrical throughout. An alliance with cancer in the case of common lupus, and with such diseases as chilblains and psoriasis in erythematoses, was suggested. But notwithstanding such strong lines of distinction there were connecting links. Mr. Hutchinson never saw a quiet patch of non-ulcerated lupoid growth. Here the disease is a mere inflammation with much swelling and with the development of papillary granulation processes. The cellular tissue was more involved, and the resulting cicatrix was deeper. Among the varieties of common lupus the following were mentioned: (1) Lupus occurring in single patches, slowly aggressive at their borders, with a tendency to cicatrize in the center, but with little or no tendency to ulcerate or inflame, or to cause any infection of adjacent parts. These single patches might exist as such through half the patient's life. (2) Many-patched lupus. In these cases the second-

ary patches always begin near to the first, and there is never any exact symmetry. Ulceration may be present or wholly absent. (3) Lupus with ulceration. This, it must be admitted, is a very variable factor. Any variety of lupus may ulcerate, and the tendency to do so varies somewhat with the precise part affected. (4) Lupus acne, the lupus follicularis disseminata of Dr. Tilbury Fox. (5) Lupus eczema, a form of disease which begins as an eczematous process and ends as a lupus one; and which looks like an eczema throughout, but which leaves scars. (6) The papillary form of lupus, the lupus varicosus of M'Call Anderson. (7) A condition of things which is a mixture of lupus eczema and the papillary form, and which produces an extraordinary mutilation of the digits, and may be conveniently known as lupus mutilans. (8) A lichen lupus, or lupus marginatus. (9) Lupus lymphaticus. (10) Nevus lupus, a form of lupus originating in parts which were affected by congenital nevi. Kaposi's disease, xeroderma pigmentosum, was also considered as possibly of a lupoid nature.

Pyrexial Syphilis.—Dr. Burney Yeo read, before the Clinical Society of London (Lancet), an account of a case of pyrexial syphilis. This case was admitted into King's College Hospital on October 10, 1883, with symptoms of pyrexia—high temperature, with great diurnal fluctuations, twice reaching 105° F., and four times 104° F., and averaging in the evening for three weeks from 103° to 104° F. The daily oscillations were often more than 6° F. The other symptoms were pains in the limbs and trunk, headache, thirst, sleeplessness, great debility, and rapid emaciation. Between a fortnight and three weeks after his admission symptoms appeared, chiefly on the back and legs, resembling imperfectly developed variolous pustules without the areola. Considerable doubt as to the nature of the case was at first felt, but after he had been in the hospital three weeks he confessed to one of Dr. Yeo's clerks that he had had venereal sores on the penis. Antisyphilitic treatment was attended by a rapid fall of temperature to normal, rapid improvement of nutrition and recovery of strength and rapid drying up of the pustular eruptions. He left the hospital on December 20th, having been for some time quite free from symptoms of any kind. The chief peculiarities of the case were: (1) The great and continued elevation of temperature, and its great daily oscillations. (2) The early appearance of the pyrexia, within twenty-five to thirty days of the exposure to infection. (3) The absence of any definite relation between the temperature and the eruption, which was not fully developed till three or four weeks after the onset of fever. (4) The occurrence of profound constitutional affection without any noticeable induration about the local sores.

Barth on the Nervous Accidents of Diabetes Mellitus.—Barth (*Union Med.*) describes nervous phenomena in diabetes, resembling the results of intoxication by lead, alcohol, etc. They present varying, undefined characteristics.

Motility: Weariness and want of tone, also actual paralysis, usually temporary. Hemiplegia and paraplegia are much rarer than paralysis of one limb or a single group of muscles. The tongue and the laryngeal muscles may be affected, and the most different compound paralyses are possible. They may disappear, recur, etc. Also ataxy, obstinate cramps, and epileptic attacks may be observed.

Sensibility: Anesthesia of one limb or a limited area. Sensations of pain and touch only are ordinarily affected, frequently there is neuralgia. Hyperesthesia (pruritis), paresthesia, increased sensitiveness to cold, the latter probably due to the limited heat producing power of the organism. Very severe, usually bilateral neuralgia resisting all remedies, sometimes situated in the nerves of the internal organs.

Special Senses: Loss of sexual desire, cataract, retinitis, atrophy of optic nerves, amblyopia, color blindness, hemiopia, incomplete paralyses of ocular muscles, deafness, loss of smell.

Trophic Disturbances: Urticaria, partial sweats, symmetrical gangrene, retraction of palmar aponeurosis.

Psychical Symptoms: Apathy, enfeeblement of intellect, somnolency, irritability, sleeplesness, nocturnal delirium, with insane delusions. Diabetes may present symptoms of brain tumor, intense headache, transient aphasia, giddiness, fainting, epileptic and apoplectic attacks. Especially coma is to be noted.

Post-mortem examinations show that there is no primary disease of the nervous system. Bouchard's theory approximates most closely to the facts, that the symptoms are due to drying of the tissues, the consequence of hyperglycemia. If the well-

drained tissues are suddenly still further deprived of water these symptoms arise; coma frequently succeeds profuse sweating and diarrhea.

Infectious Pneumonia.—Schmid (*Ber. Klin. Woch.*) relates seventeen cases of pneumonia occurring in a village of Wurtemburg, with five hundred and forty-nine inhabitants. The cases occurred in groups, attacking several individuals in one house and the same family. There at the same time was no enteric or intermittent fever. Heitsch (*Diss. Leipzig*) saw three sisters fall ill about the same time with croupous pneumonia affecting the lower lobe. Bruce (British Medical Journal) saw four outbreaks of this disease between May and July in a district generally free from pneumonia; in each instance the cases occurred among individuals living in the same house or belonging to the same family. Raven (*ibid*) saw in a family consisting of three adults and seven children, four children attacked by well-marked croupous pneumonia between the end of May and the second half of June.—*Ibid.*

Deformities of the Fingers and Toes. In an interesting paper read recently before the Harveian Society (Lancet), Mr. Noble Smith reviewed the following subjects: (1) Congenital hypertrophy of fingers and toes; (2) deficiencies of digits; (3) rudimentary digits; (4) intra-uterine amputations, etc., by the pressure of the umbilical cord or of fine membranous bands; (5) budding of digits at the extremity of a stump; (6) double hand; (7) supernumerary digits; (8) cleft thumb; (9) union of fingers at the tips; (10) web formation; (11) permanent contraction of fingers. The etiology and the surgical treatment of many of these conditions were discussed in the paper, and illustrative drawings were circulated.

In the ensuing discussion Dr. J. Thompson and Mr. Pepper referred to the subject of maternal impressions.

An Unusual Form of Dislocation of the Hip.—Before the Clinical Society of London, Mr. Rivington recently reported the following (Medical Times and Gazette): On August 5, 1883, a man, aged thirty-four, was standing with his legs apart and his body bent forward, when some large packing cases fell upon him, striking him on the right side of the head and right hip. The head of the right femur was displaced from the acetabulum. The symptoms were complete immobility of the thigh, which was slightly flexed; abduction and commencing inversion of the whole limb, and shortening to the extent of three eighths of an inch. Under ether it was readily reduced on the first employment of manipulation, the head entering the acetabulum with a click, and with slight grating. The dislocation differed from the ordinary sciatic form in the abduction, slight inversion, and less amount of shortening; and it did not resemble some published instances of anomalous displacements. It might best be described, perhaps, as the first stage of a sciatic displacement. On September 11th, the patient, being able to walk, left the hospital cured.

Tests for Bromine and Iodine in the Urine.—Treat the suspected urine, previously acidified, with sulphide of carbon and hypochlorite of lime. By shaking is obtained an orange-yellow coloration sufficiently intense to reveal the presence of bromine.

To recognize a mixture, even very small, of iodine and bromine, the same reagent gives excellent results. By adding the hypochlorite of lime in small portions, one obtains first the characteristic violet coloration of iodine. A larger quantity of the reagent decolorizes the iodine, and the bromine appears with the orange-yellow coloration which distinguishes it.—*Jour. de Méd. de Paris.*

Pean's Forceps in Dental Surgery.—Dr. Guelliot (*Union Med. du Nord-est.*) relates a case of severe hemorrhage after extraction of a tooth, in which the bleeding was finally arrested by the use of one of Pean's forceps, one blade of which was thrust into the alveolar cavity. After being left on for an hour, it was carefully removed, and the bleeding was found to have stopped. *Ibid.*

Tubercle Bacilli in the Pus from Otitis.—Eschle (*Deutsche Med. Woch.*) has found bacilli in the purulent discharge from the ear in a case of chronic phthisis. He quotes another case to show its prognostic value. A boy got otitis after scarlatina, and in the discharge tubercle bacilli were found; later on the boy developed phthisis.

Steps have been taken in Philadelphia to found a new Society for the cultivation of Medical Jurisprudence.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MARCH 29, 1884.

Original.

GONORRHEA COMPLICATED WITH AN ABSCESS IN THE NECK OF THE BLADDER.*

BY T. S. GALBRAITH, M. D.

During last December a gentleman, about thirty-five years of age, of good constitution, and temperate habits, with his first case of gonorrhea, came to me for treatment. All the symptoms common to a mild form of acute gonorrhea in its early stages were present. The patient stated that it was impossible for him to give up his business at that time. He was connected with one of our railroads, and, though compelled to travel constantly, did no manual labor.

He was put upon a saline mixture for the purpose of neutralizing the excessive acidity of his urine and an emulsion of balsamum copaibæ for its supposed specific action on the disease.

The case continued without material change in any of the symptoms for several days, when the patient urged me to do something which might cut short the disease. Having lately read some favorable reports of the hot-water treatment of gonorrhea, I determined to give him the advantage of that method. Water as hot as could be borne, to which was added two grains sulphate zinc to the ounce, was injected into the deep urethra by means of a piston syringe and common gum catheter. At first this treatment seemed to give some relief. But by the second morning the patient was unable to pass his urine. He came to me suffering great pain, having had retention for more than twelve hours. I at once catheterized him and directed him to go to bed. He had slight fever, which continued for four or five days, but no particular pain about the region of the perineum. During this time a silver catheter had to be used every eight hours (the soft rubber instrument could not be introduced into the bladder). The introduction of the catheter was attended with some difficulty, it seemed to meet with obstruction at or within the neck of the bladder.

During this time other methods were practiced to relieve the retention of urine. Small pieces of ice were introduced into the rectum and ten-drop doses of the tincture of iron often repeated, as recommended by Van Buren and Keyes, but without any satisfactory result.

At about the end of the fourth day when the catheter was introduced it seemed to penetrate an abscess just within the neck of the bladder. Fully an ounce of blood and pus flowed away at once, followed by the urine, and I immediately injected into the bladder a half-ounce solution composed of iodoform, glycerine, and water. From this time the catheter was not required, as the patient passed urine without difficulty. However the purulent discharge from the urethra was re-established and continued for about two weeks longer. This was treated by the emulsion of copaiba and a mild zinc solution, the latter injected in the ordinary way. At the expiration of about five weeks the patient was considered entirely well.

From my experience with this and other cases, in which the hot-water treatment has been fairly tried by deep injections as well as by the ordinary methods, I have come to the conclusion that the supposed superiority of this new treatment over older and simpler methods of treating gonorrhea is a delusion, and that the practice of injecting hot water into an inflamed urethra frequently does harm and seldom any good.

I have also had ample experience to satisfy me that the new antiseptic (hydrarg. bichloride in solution $\frac{1}{1000}$ or $\frac{1}{2000}$), which is

*Read before the Jackson Co. Ind. Med. Soc., March, 1884.

now having such a run in popular favor, is decidedly irritant to the urethra. It aggravated every case in which I used it.

SEYMOUR, IND.

Miscellany.

HYSTERICAL MALINGERERS.—The Times and Gazette, in some interesting comments upon the case of a woman who had feigned illness for twenty years, apparently for the purpose of exciting sympathy and profiting by the charity of her friends and neighbors, says: The medical man who has studied the mental deficiencies and moral perversions of such patients, from the smallest particulars to the greatest departure from sanity, knows that deeds, often apparently inexplicable, are to be accounted for otherwise than by crime. How far such departures from good conduct are to be punishable by law does, and always will, remain a delicate problem for solution, as while, on the one hand, society must be protected from injury, on the other, it must not be outraged by the persecution of the irresponsible.

The nature of this peculiar moral obliquity is not easy to analyze, but if we can not explain its phenomena we daily see its effects. It is the attribute of all animals to cultivate the love and sympathy of their fellow-creatures, an attribute which in distress or sickness is particularly augmented. If this natural desire is not satisfied, or if it is imagined that due consolation is withheld, it is a human failing with the best of us to make the most of our ills to obtain what we crave for. Within reasonable limits this display of our woes may be considered as an amiable weakness, indulged in to satisfy our natural affections. Beyond this, however, such exaggerations become morbid, and this condition is notably exemplified in the hysteric, whose abnormal cravings in this respect constitute disease. In this affection there is not only an excessive mobility of the entire system which initiates evils unknown to the healthy, but a special mental conformation which amplifies them in the mind of the patient, and excites an unreasonable demand on her part for the commiseration and consolation of others. From augmenting her existing ailments it is but a step to the manufacture of new ones, and the desire to simulate, to attract attention, and to display her misery becomes irresistible. From the smallest aberrations from truth to the most profound dissimulation, these traits are common to all those suffering from this condition, and the instinctive duplicity, the incessant and inveterate inclination to be false in word and deed, without direct interest, is essentially a peculiarity of this remarkable malady. Besides the exaggeration of their complaints and the invention of others, hysterical persons have a special satisfaction in deceiving those around them, and more particulary their medical men, and their delight is as far as possible to render themselves scientifically interesting and mysterious, and, as it were, to place themselves on a pedestal for inspection. To effect this end the patient may evince unusual intellectual qualities, and the ingenious cunning, sagacity, and apparent good sense displayed by such subjects is notorious. It is not doctors alone who have been the dupes of such individuals, but from time immemorial the ignorant and superstitious public, ever ready to accept the supernatural or miraculous, have eagerly accepted their assertions and demonstrations as true.

When the hysteric has pursued this dangerous direction in excess, she is already on the threshold of mental alienation, and from a medico-legal point of view is not entirely responsible for her actions. Further, these profound and durable fixed ideas may so act on the mobile and unstable general system as to give rise to actual objective disturbances, which, although at first produced by volition, afterward become genuine and beyond the control of the patient. Hence arise the excessive flow of tears, persistent vomiting, diarrhea, and other functional derangements. It is finally not impossible that such persistent hallucinations may ultimately develop structural changes, as evidenced in chronic cases by the severity and incurable nature of the paralysis, rigidity, convulsions, and other phenomena sometimes observed.

AN OLD FOGY.—It is not to be expected that the activity and enterprise which are converting the Cambridge University into one of the leading medical schools in the country would escape the adverse criticism of those whose ideal of a university life is one of secluded and self-sufficing contemplation of the past. This latter view is put very cleverly in an article entitled "Unnatural Science" in a recent number of the Cambridge Review. The writer, evidently a follower, at greater or less distance, of Mr.

Oscar Wilde, thinks that natural science clashes grievously with the tone and the surroundings of "this ancient University." He would, however, banish it altogether. "The aphorisms of Hippocrates, Aëtius, and Aretæus might well be studied; Pliny and Aristotle have in their range of knowledge and variety of observation been rarely superseded. The Arabian doctors, the Greek botanists, the middle-age physiologers, all help us to understand the past, and that, to my thinking, is the chief and highest part of university education." As for the more modern studies, they would be most fitly carried on in our large manufacturing towns, which would be little the worse for the addition of one sight slightly more revolting or a few smells of a rather more atrocious character.

The writer then goes on to inform us that by medicine he does not understand, as so many do, the barbarities of vivisection, or the finikin pedantries of microscopic research. "Rather I have in my mind's eye the calm-browed disciple of Galen and Hippocrates, pacing the grassy courts of Caius, or the cool alley of the Baeks, his eye ever on the watch for simples and healing herbs —birthwort, and Herb Benet, and St. John Baptist flower—whose vocation it should be to build up instead of pulling to pieces, to heal and rescue rather than to blight and to destroy."

But his main complaint against science is that it dulls the senses of its devotees most fatally as regards the appreciation of beauty, until the mind gets so distorted as to contemplate the structure of an entozoön with greater satisfaction than the east window of King's Chapel. And lastly, he can not help thinking that the time is near, when we shall only welcome the sight of a sunset for the sake of the aid it may lend to the spectroscope; when we shall only whistle to a dog in order that he may come and be larded with tin tacks, and when the only notice excited by an early Italian fresco will be an exclamation of disgust at the imperfect treatment of the deltoid muscle. If these amusing paradoxes were worth answering, one might point out that many branches of modern science contemplate a past beside which the past of Hippocrates and the Arabian doctors is but as yesterday. But then it is a past on which man's hand made little impress, and that robs it of interest for our medieval critic. The difference between the two schools of thought is that the one regards man as the center of the universe, and nothing of importance except in relation to him, while the other looks on man as a part—the most interesting part perhaps, but still only a part—of nature. A university belies its name which does not embrace both schools. *Medical Times and Gazette.*

Young Quartz.—It is generally believed that quartz, like many geological formations, requires thousands of years for formation. If the statements of the Carson Appeal are true the mineral may be formed in the short period of fifteen years, remarks the Popular Science News. The specimen was presented by a Mr. Havenor to the editor of the Appeal, who writes: The quartz in question was taken out of the Yellow Jacket mine from between the timbers. The timbers were put in fifteen years ago, and the material forming the quartz had apparently oozed through a crack, and adhered to the timber. It was about the size and had the appearance of a cauliflower. There was a mass rather soft and crumbling to the touch, and in places woven together like threads; and in this mass and a part of it were three distinct and perfect quartz crystals. The mass had been pushed through the crack while in a plastic state, and then formed in the bunch described. The specimen of Mr. Havenor shows where it adhered to the timber.

He has also a piece of sandstone from Stevens's mill, near Dayton. The mill was built twelve years ago; and a portion of a wooden stake driven into the ground at the time is solidly imbedded in the sandstone, which is as firm and hard as any sandstone of the Old Sandstone period. There is a rusty nail in the wedge.

About twelve years ago a spring was dug on American Flat. Week before last it was found that a hard stratification of slate had formed on the bottom. It was broken up with an axe, and Mr. Havenor secured some good specimens. The slate was half an inch thick, perfectly hard and brittle, and had adapted itself to the conformation of the spring, where it had formed like scales on a tea-kettle.

[Surely the Carson Appeal did not think that any body would believe this story!]

High Fees in Ireland.—Dr. G. H. Simmons (St. Louis Courier of Medicine) says:

Quite an interesting suit has just been tried in Dublin, which will give your readers some idea of the charges of doctors in Great Britain. Last March a land-

lord—a Mr. Carter—was shot in the knee by Fenians, and the Government sent down one of the leading surgeons of Dublin, Mr. W. J. Wheeler. The distance to Bellmullett, where the patient lived, is about two hundred miles. The case necessitated five professional visits, at one hundred and twenty-five guineas each, an operation, fifty guineas, and attendance in Dublin, where the patient was afterward removed—the total charges being £1,147 18s., or nearly $5,600. The Government refused to pay; first, because it was understood that the patient was to pay if he was able; and, second, that the charges were too high. For the first, it was proved that the patient was ruined, and could not pay. As to the second, medical witnesses were brought forward to show that the charges were not only not high, but that they were very reasonable. One surgeon said that his charges for such a journey would be one huudred and fifty pounds, and seventy-five pounds for the operation—amputation above the knee. The verdict was for Mr. Wheeler for the full amount. Thus it will be seen that doctors are better paid here than in the United States. In this case the amount was much larger, in proportion to the work done, than what was asked by the surgeons in attendance on the late President Garfield. Eight hundred and seventy-eight dollars would certainly be considered a fair remuneration for a ride of two hundred miles and amputating through the lower third of the thigh.

Galazyme, or Artificial Koumiss.—Adam Gibson (Pharmaceutical Record) prepares this substance by the following formula and method:

Skimmed cow's milk, ...	150 ounces.
Water, ...	50 "
Brewer's yeast, ...	1 "
Cane-sugar, ...	3 "
Milk sugar, ...	5 "

Dissolve the cane-sugar in twenty ounces of water, mix it with seventy-five ounces of the milk, and add the yeast; the mixture is now to be well stirred and set aside in a warm place (temperature 75° to 80° F.) for nearly six hours, or until small bubbles appear on the surface of the liquid; the remaining seventy-five ounces of milk along with the thirty ounces of water (in which the milk-sugar has been dissolved) should now be added to the fermenting milk and the whole thoroughly mixed up, strained, and bottled, the corks being well tied down. It should then be kept at a temperature below 55° F. if not required for early use, or if so required it may be ripened in two or three days by keeping it at 70° F.

This method yields a preparation of a perfectly homogeneous consistency, having a sweet and acidulous taste up till the fifteenth day, after which it acquires to a slight degree the taste of buttermilk, which flavor gradually increases as it grows older. It also begins to thicken after the fifteenth day, but even at the thirtieth day the caseine remains finely divided after shaking.

Fatty Heart.—The popular error that "fatty degeneration" of the heart is the same thing as an accumulation of fat around that organ is one which ought to be corrected, as every practitioner of course knows how to correct it. When muscular tissue degenerates, as it may do from any one of many morbid causes, fat is deposited interstitially in the place of the atrophied organic structure. As a matter of physiological or pathological fact, "fatty degeneration" is quite as likely to occur in a thin subject as in one that is obese, and voracious feeding has nothing to do with "fatty degeneration," though in a certain proportion of instances it may have something to do with the accumulation of deposits of fat around organs and in the interspaces of muscle fasciculi. We ought to keep the discrimination of matters which are likely to be confounded always clear. Many conditions besides large eating determine the presence of fat, and "fatty degeneration" is, as we have said, something altogether apart from and in no way to be confounded with fatness.—*Lancet.*

Fresh Paint.—The current belief among householders that the smell of fresh lead paint is noxious is founded on pretty general experience, but is opposed by the belief, equally current among chemists, that lead compounds are not volatile. A fact recently brought to our notice seems to support the domestic theory. The basis of the useful and popular luminous paint is known to be sulphide of calcium. Now, this compound, when unprotected by varnish, glass, or some other impervious substance, is slowly acted on by the acids of the air and sulphuretted hydrogen is evolved, which blackens lead paint. This is well known, and can easily be avoided by proper protection of the paint. But the curious thing is that unprotected luminous paint is found to be perceptibly blackened by the fumes from

fresh lead paint. There seems to be only one possible explanation of this, namely, that a surface freshly covered with lead paint does actually emit some volatile compound of lead. We believe that many physicians could confirm this view from their own observations in regard to newly painted houses.—*Ibid.*

Bog-Moss an Improvement on Cotton-Wool.—It may be remembered that some time ago the virtues of dried black peat, as an antiseptic application to wounds, were highly extolled by Dr. Neuber, of Kiel. Various theories were started to account for this antiseptic action. From recent observations, it would seem that it is due, at least in part, to the extraordinary power of absorption possessed by the bog-moss, of which, as is well known, peat is almost entirely composed. Bog-moss (*sphagnum*) has a peculiar structure, the leaves consisting in a considerable part of large colorless cells, from which the contents have disappeared; these empty cells communicate with a series of similar cells arranged in layers on the stem. It is owing to this capillary net-work that the bog-moss is able to raise the water of the bogs in which it grows in large quantity to the topmost leaves through a height, sometimes, of several feet. There are several species of *sphagnum*, but all are closely allied in structure and function. Carefully gathered and thoroughly dried, bog-moss forms a soft, highly absorbent material, very suitable, it is said, when made into pads, for use in cases where copious discharge would otherwise necessitate frequent change of dressing, since it can absorb eight times it original weight of fluid without becoming too moist. Though not an antiseptic dressing, it might conceivably be of great use when antiseptics can not be obtained. In war, for instance, a large pad of this soft absorbent material might furnish an excellent first dressing. The only point to be attended to in its preparation seems to be that it must be dried at a low temperature, so as not to destroy the peculiar structure upon which its absorbent power depends.—*British Med. Jour.*

The Social Purity Movement. — A meeting was held at the Town Hall last week, presided over by the Earl of Lathom, at which Miss Ellice Hopkins was the principal speaker. She deplored the prevalence of immorality in Liverpool, which she considered as only second to London in unenviable notoriety as regards the social evil, and she denounced in unmeasured terms the inadequacy of our local Acts to deal with brothels and juvenile prostitutes. In this, as in the matter of laborers' dwellings, the efforts of all medical workers were wholly ignored. Now that noble lords and ladies have made it fashionable to notice such subjects, we may hope that what has hitherto fallen on deaf ears may receive a little attention. By a strange though not uncommon contradiction, it unfortunately happens that Miss Hopkins is a strong opponent of those very acts which have done more to suppress brothels and juvenile prostitution than can ever be achieved by misguided efforts to promote social purity.—*Lancet.*

The Influence of Listerism.—G. H. S., in a letter from Dublin to the St. Louis Courier of Medicine, writes the following significant paragraph:

It is no longer "Mr." Lister. Hereafter you will please write it "Sir" Joseph Lister. If all baronetcies were as well deserved as this, the title would be looked upon as worthy of much more honor and respect than it now has on both sides of the Atlantic. It is an acknowledged fact that no surgeon has so affected the practice of surgery as has Sir Joseph Lister, necessitating the re-writing of books on surgery. For even if we do not believe in Listerism in every acceptation of the term, including the spray, etc., all must acknowledge that the teachings of Lister introduced a new and better era of surgery.

Violent Deaths in India.—The total number of persons killed by wild animals and snakes in India last year was 22,125. Of these, 2,606 were killed by wild animals, and 19,519 by snakes.

A Centenarian.—The Irish College of Surgeons celebrated its one hundredth birthday on the 11th of February. It was done by means of a big dinner.

Slow to Learn.—Dr. Gairdner says it took two centuries for Great Britain to appreciate in a practical manner the means for the prevention of scurvy.

Pauperism seems to be on the decrease in Scotland. During the past year the percentage of paupers to the population has fallen from 2.63 to 2.51.

The Louisville Medical News.

Vol. XVII. SATURDAY, MARCH 29, 1884. No. 13

L. P. YANDELL, M.D., - - - - - - }
H. A. COTTELL, M.D., - - - - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

COLD-BATH TREATMENT OF TYPHOID FEVER.

The vexed question of the cold-bath treatment in typhoid fever was last month brought up for discussion before the Medical Society of London. At the Society's regular meeting on February 18th, Dr. Sidney Coupland read an elaborate paper in which he favored this plan of treatment, Dr. Bristowe, in a short critical paper, took grounds against it, and Dr. William Cayley reopened the adjourned discussion on February 25th with some extended remarks, which, with the comments that followed, brought to light an array of facts based chiefly upon statistical data which would seem to place beyond doubt the curative power of the bath in typhoid fever.

In the British Medical Journal of February 23d and March 1st the leading points of the discussion may be found. From this journal's abstract of Dr. Cayley's remarks we quote as follows:

It had been argued that, in estimating the value of any particular modes of treatment, statistics could not be relied on, but that we must be guided solely by individual clinical observation. Now the canons by which statistics must be tested were perfectly simple, and it was not generally very difficult to see whether the statistics in any severe case did or did not conform to them. First of all, a sufficient number of instances spread over a sufficiently long time must be collected so as to exclude accidental sources of error; second, only like instances must be compared. If statistics did not conform to these canons they were of little value; if they did, then their evidence was conclusive.

With regard to the antipyretic treatment of fever, there had now been collected a body of statistics which completely fulfilled these requirements.

Thus, if so large a hospital as the Charité at Berlin were taken, which admitted many cases of typhoid—and this hospital might be taken, because it was not open to the objection that its physicians were prejudiced enthusiasts in the antipyretic cause—and the rate of mortality over a period of many years before the introduction of this treatment were compared with that over a period of many years after the introduction, statistics were obtained which conformed to the canons, inasmuch as there were a large number of cases spread over a long time and a comparison of exactly similar instances.

During the twenty years, 1848–67, 2,228 cases of typhoid fever were admitted into the Charité; of these, 405 died, a rate of mortality of 18 per cent, which corresponded pretty closely with the mortality of the general hospitals of London. The antipyretic treatment was then introduced, and during the nine years, 1868-76, 2,086 cases were admitted, and 267 died, giving a rate of 13 per cent. If 64 cases were excluded which were admitted in a condition not admitting of the treatment, the death-rate would be 10.5 per cent.

A still more conclusive instance was afforded by the Prussian army. During the seven years from 1868 to 1874, the rate of mortality from typhoid fever was 15 per cent, an extremely favorable rate, which spoke much for the efficiency of the medical department. The antipyretic treatment, chiefly in the form of cold bathing, was then introduced, and during the next seven years (1875 to 1881) the rate was 9.7 per cent. Here a comparison of exactly similar instances was made. The men in the two cases were of the same age, of the same social position, fed in the same manner, clothed in the same manner, lodged in the same manner, and, in all respects, placed under the same conditions; the only difference being in the mode of treatment. But, as German statistics on this question were perhaps regarded as *suspect*, an appeal might be made to French authorities, and here Professor Jaccoud might be cited. Perhaps his authority would have more weight with many, inasmuch as he was decidedly opposed to Brandt's method, but without having given it a fair trial. He stated, in the debate on this subject at the Academy of Medicine last year, that, after a careful collection of more than 80,000 cases, he found that the average rate of mortality in typhoid fever in France, under

the old methods of treatment, was about 19 per cent; whereas under the new method it was below 11 per cent. It was now necessary to inquire what was this new method which had effected this great reduction in the rate of mortality.

Professor Jaccoud had his patients sponged with cold vinegar and water, if necessary, as many as ten times in the twenty-four hours, which he termed giving them a *séance;* and also administered, from time to time, large doses of quinine or of salicylate of soda. Now, whether a patient was sponged ten times a day with cold vinegar and water, or had an occasional cold bath, was a question, not of principle, but of detail. In either case, the same end—namely, the persistent reduction of temperature—would be effected. It need hardly be said that the antipyretic treatment was not bound up with the system of cold bathing, or of any particular method of reducing temperature. Cold bathing was, perhaps, the most efficient mode, and the one most generally applicable, and which, on the whole, caused least annoyance to the patient; but a large number of cases were not suitable for it, and for these other means must be adopted. Dr. Cayley stated that, in his opinion, keeping the temperature down by the abstraction of heat gave much better results than the repeated administration of large doses of the antipyretic drugs, as these powerful remedies could not be given in these large and frequently repeated doses without incurring the risk of seriously disturbing important functions. In his opinion, therefore, they should be regarded as adjuncts to the other antipyretic methods, and not as substitutes.

The principal conclusions: First, that this mode of treatment fulfilled the physiological indications; that, by keeping down the temperature, the febrile metabolism of the tissues, and the accumulation in the blood of the products of this metabolism—and to this Dr. Murchison attributed most of the symptoms of the typhoid state—were much diminished. The granular infiltration and softening of the central nervous system, of the heart, of the liver, of the kidneys, of the voluntary muscles, was to a great extent prevented; and, by the stimulating effect of the treatment on the vaso-motor system, that want of tone and general relaxation of the arteries which was so marked a feature of the disease was counteracted. Many of the opponents of the treatment admitted these conclusions, though, by so doing, they gave up more than half the field of battle. It was not, of course, necessary to assume that the high temperature was the only or even the chief injurious agent in typhoid fever. It was enough to say that it was an important factor, which could not be denied; and it was one which it lay in our power to counteract.

Secondly, they maintained that, where the treatment was efficiently applied, it produced a marked alleviation of the symptoms. And this, too, was acknowledged by many of the opponents, though by so doing they gave up the greater part of the remainder of the ground. Where the temperature was kept steadily down, the so-called typhoid symptoms were seldom seen. The persistent headache, the febrile oppression, the sleeplessness, the muttering delirium, the stupor, the dry glazed tongue, the muscular twitchings, the bedsores, were either prevented or alleviated; and, to quote the words of Dr. Austin Flint, who was here indorsing a statement of Liebermeister, the old picture of the typhoid case was no longer to be seen, and the disease had lost half its terrors. Dr. Austin Flint, it was hardly necessary to say, was no enthusiast blinded by his eagerness for this method.

Thirdly, it was maintained that, by this method of treatment, the complications of typhoid fever were neither rendered more frequent nor more severe. With regard to the pulmonary complications, the hypostatic congestion and pneumonia, there could not be a doubt but that they were rendered much less frequent. With regard to the intestinal complications, hemorrhage and perforation, Dr. Brandt asserted that, when the treatment was applied from the very first, they, too, were much diminished, and it was only reasonable to suppose that, as the tissues were less degenerated and softened, they would be more capable of resisting the sloughing and ulcerative processes. But when the treatment was deferred till after the elapse of the first few days, it did not appear to exercise much influence, although there was no evidence that these complications were rendered more frequent.

Lastly, it was maintained, and on evidence that could not, he thought, be overthrown, that by this method the rate of mortality was greatly diminished; so that, when arguments were brought against it, on theoretical grounds, by those who had never tried it, or on practical grounds by those who had only given it an imperfect trial, we might simply reply, with Prof. Jaccoud, "Nevertheless, while the rate of mortality in typhoid fever under the old method of treatment is about 19 per cent, under the antipyretic mode it is under 11 per cent."

Dr. Cayley lays great stress upon the importance of beginning treatment early in every case, since the submitting of patients to the bath late in the course of the disease, after continued high temperature has been suffered to do its destructive work upon the tissues, is useless, and has probably done much to bring the treatment into disrepute. Dr. Coupland also gives great prominence to this point. He says:

"The treatment must be commenced as early as possible and continued, without intermission, so long as pyrexia lasts, *in spite of pulmonary complication.* If there be any signs of grave intestinal lesion then the compress or sponging is to be preferred to bathing. Hemorrhage, peritonitis, extreme degrees of debility (especially in old subjects) and cardiac disease contra-indicate the bath; but the principle of the method should be carried out, if not by this, then by other measures."

Dr. Gilbert Smith practices sponging when the temperature is not above 102° F.; when it reaches 103° bathing is to be resorted to. He suggests that a cold air bath might be a good substitute for the cold water bath.

Several of the speakers argued strongly in support of the views of Drs. Coupland and Cayley, while others denounced the cold bath as doubtful at best, often dangerous, and in many cases useless; but the weight of testimony would seem to favor this form of treatment.

The cold-water treatment of febrile affections is probably more than a hundred years old, and though at various periods (since the days of Currie) it has been used and abandoned, it may be said to have claimed the serious attention of the regular profession only since fifteen or twenty years ago, when it was revived and put to the test by E. Brand and Jürgensen. Subsequently, under the advocacy of Liebermeister, the cold bath as applied to the treatment of typhoid fever became widely known, and we believe that physicians in this country were first led to make trial of it by reading this author's able article in the first volume of Ziemssen's Cyclopedia, which appeared in its English dress in 1874.

While in hospitals, where the patients can be properly handled and the bath made to do its perfect work, the treatment has given excellent results, in private practice it has proved a disappointment to most physicians, and we remember to have heard of more than one death in this region, during the first year of its trial, which was attributed to the frequent bathing. Sponging is still held in high esteem, but the bath is seldom used, it being generally regarded as too unwieldy for exhibition in private practice.

Still, if the facts and figures of the above-quoted statistics are not misleading, it would seem, in view of the present high death-rate of typhoid fever, to be the duty of the practitioner to give it further trial.

We trust that the reopening of this discussion by these eminent men may lead the profession at large to a more careful study of the subject, and that, in the many observations which may follow, the uses and abuses of this measure will be sharply defined, while some device for reducing temperature in typhoid fever may be brought to light which shall possess all the advantages of the bath without any of its difficulties or dangers.

THE fifty-first annual session of the Tennessee State Medical Society will be held at Chattanooga on Tuesday, April 8, 1884. As no essayists were appointed for this session at the last meeting, the members are expected to come prepared with volunteer papers. Full information concerning the meeting may be had of the Secretary, Dr. C. C. Fite, Nashville, Tenn.

THE "Proceedings" of the Medical Society of the County of Kings is discontinued, with the completion of its eighth volume, by order of the Society. We note this loss with much regret. The "Proceedings" has ever been a most welcome member in the circle of our exchanges.

THE next International Otological Congress is to be held in Basle, from September 1st to the 4th, 1884. Communications concerning it may be addressed to M. le Dr. Burckhardt-Merion, at Basle.

THE "PINK EYE" DISEASE is said to be prevailing among the horses of Albany and Rensselaer counties in New York.

Bibliography.

A Treatise on Pharmacy: Designed as a Text-book for the Student, and as a Guide for the Physician and Pharmacist, containing the officinal and many unofficinal formulas, and numerous examples of extemporaneous prescriptions. By EDWARD PARRISH, late Professor of Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy, etc. Fifth edition, enlarged and thoroughly revised. By Thos. S. Wiegand, Graduate of the Philadelphia College of Pharmacy. With two hundred and fifty-six illustrations. Philadelphia: Henry C. Lea's Son & Co. 1884.

A new edition of this masterly work, with numerous additions, and so revised as to be in accord with the new Pharmacopeia and the latest teachings in chemistry, is a publication of the first importance. The work justly ranks next to the United States Dispensatory in subject matter, while, by an admirable arrangement of contents, a systematic development of the subject, and careful attention to such details of the science as are of especial interest to the physician, the editor has framed a work superior to the Dispensatory as a manual for the practitioner and a text-book for the student.

The subject is discussed under the following heads: Part I. Furniture and Implements; Part II. On Pharmacopeias, Weights and Measures, Temperature, Generation of Heat, and Heat as applied to Pharmaceutical Purposes; Part III. Pharmaceutical Process and Apparatus; Part IV. Inorganic and Pharmaceutical Chemistry; Part V. Pharmacy in its Relation to Organic Chemistry; Part VI. Galenical Pharmacy; Part VII. Extemporaneous Pharmacy; Appendix.

Part VII treats at length the subject of prescriptions, the language to be used in them, and the best method of writing them; the art of selecting and combining medicines; medicines suited to the liquid form; chemical and pharmaceutical incompatibles; extemporaneous solutions, etc. The appendix is devoted to directions for the management of the sick chamber, diet for the sick, physician's outfits, and recipes for some of the important popular medicines.

No thorough-going pharmacist will fail to possess himself of so useful a guide to practice, and no physician who properly estimates the value of an accurate knowledge of the remedial agents employed by him in daily practice, so far as their miscibility, compatability, and most effective methods of combination are concerned, can afford to leave this work out of the list of his books of reference. The country practitioner, who must always be in a measure his own pharmacist, will find it indispensable.

A Practical Treatise on Surgical Diagnosis: Designed as a Manual for Practitioners and Students in Medicine. By AMBROSE L. RANNEY, A. M., M.D., Professor of Practical Anatomy in the N. Y. Post-Graduate Medical School; late Adjunct-Professor of Anatomy and Lecturer on the Surgical Diseases of the Genito-Urinary Organs and on Minor Surgery in the Medical Department in the University of the City of New York, etc. Third edition, thoroughly revised and enlarged and profusely illustrated. New York: William Wood & Co. 1884.

The call for a third edition of this work in five years' time, while it shows the rapid advancement of surgery in these latter days, attests also the value of the book under notice. Not only in this, but in several other kindred works, has Dr. Ranney shown his peculiar fitness for anatomical and surgical research, while the readiness with which he reduces voluminous and often abstruse matter to system and simplicity makes him one of the most useful workers in these departments of literature. The work is a quarto of 608 pages. It is divided according to the subjects treated, into ten parts, and richly illustrated by means of thirty-one carefully executed plates. Each plate occupies the space of an entire page, and contains from three to thirty-two wood-cuts. The text is remarkably condensed, and alternate vertical columns, in which the differential points of diagnosis in diseases and injuries are so arranged as to be seen at a glance, form an important feature of the work.

The matter of the former editions has been thoroughly revised, receiving such emendation and elaboration as the advance of surgical knowledge required, and two entire new chapters upon diseases of the brain and spinal cord and their envelopes have been added.

The book in its present form is a marked improvement upon former editions, and the surgeon will find in it a means by which he may readily clear up many a difficult point in diagnosis. Diagnosis, as is well-known, is sufficiently obscure and difficult at best, and the author who is able to simplify its problems by reducing it to a rational system makes a valuable contribution to science and confers an inestimable blessing upon mankind.

Elements of Surgical Pathology. By AUGUSTUS J. PEPPER, M. S., M. B., Lond., F. R. C. S., Eng., Fellow of University College, London; Surgeon to St. Mary's Hospital, and Teacher of Practical and Operative Surgery at the Medical School. Illustrated with eighty-one engravings. Philadelphia: Henry C. Lea's Son & Co. 1884.

This work belongs to a series of manuals for medical students, several numbers of which we have already noticed. The author is a member of the Royal College of Surgeons, England, and a writer of high merit. The volume contains five hundred and three pages, and though much condensed in text, is sufficiently full to give the student a mastery of the essentials of surgical pathology.

Pathology is a subject of growing interest in these days, and short and simple treatises are necessary as an introduction to more elaborate works.

The cuts are well executed, and greatly enhance the value of the book.

Surgical Applied Anatomy. By FREDERICK TREVES, F. R. C. S., Assistant Surgeon to and Senior Demonstrator of Anatomy at the London Hospital, Examiner in Anatomy at the University of Aberdeen, etc. Illustrated with sixty-one engravings. "Students' Series of Manuals." Philadelphia: Henry Lea's Son & Co. 1884.

The scope of this treatise is remarkable when the small size of the volume is taken into account. It is written with great clearness of style and with so much truth to science that no point of anatomy which can in any way serve as an element in diagnosis has been neglected, though some of the less important details are intentionally omitted.

As a pocket manual for students or practitioners it must do good service. The work is well illustrated in wood.

The Dissector's Manual. By W. BRUCE-CLARKE, M. A., M. B., F. R. C. S., Senior Demonstrator of Anatomy and Operative Surgery at St. Bartholomew's Hospital, Surgeon to St. Peter's Hospital, and Assistant Surgeon to the West London Hospital, and CHARLES BARRETT LOCKWOOD, F. R. C. S., Demonstrator of Anatomy and Operative Surgery at St. Bartholomew's Hospital, and Surgeon to the Great Northern Hospital. Illustrated with forty-nine engravings. "Manuals for Students of Medicine." Philadelphia: Henry C. Lea's Son & Co. 1884.

This is an elegant little book, and certainly one of the best of the series. It opens with a brief but very well written chapter upon how to learn anatomy. This is followed by a glossary of common terms (a point in which some excellent anatomical text-books are wanting), and in regular order there follow simple and scientific directions for the dissection of every part of the human body. The necessary instruments are also described and suitable engravings are employed to facilitate a proper understanding of the text.

Case of Impetigo Herpetiformis. By Louis A. Duhring, M.D., Professor of Skin Diseases in the University of Pennsylvania. Reprint.

Two Cases of "Paget's Disease of the Nipple." By Louis A. Duhring, M. D. Reprint.

A Case of Sarcomatous Inflammatory Fungoid Neoplasm. By Louis A. Duhring, M.D. Reprint.

A Case of Ainhum, by Louis A. Duhring; with Microscopic Examinations, by Henry Wile, M.D. Reprint.

Female Hygiene and Female Diseases. By J. K. Shirk, M.D., Member of the Lancaster City and County Medical Society. Lancaster, Pa.: The Lancaster Publishing Co. 1884.

Correspondence.

A CASE OF MENSTRUATION DURING PREGNANCY.

Editor Louisville Medical News:

Mrs. S., aged thirty-three years, mother of six children, consulted me on November 1st in reference to the following: She believed that she was pregnant, but when questioned as to menstruation, stated that she had been regular up to this date. She presented no symptom of pregnancy save, perhaps, one, a great desire for game, especially birds. This had been also the predominant symptom in a former pregnancy. I was in doubt as to whether she was pregnant or not, and so watched the case with interest. I asked to see her once a month. She consented, and I visited her on December 1, 1883, January 1, 1884, and February 1, 1884, but at each of these times she told me that the symptom had been constant while menstruation appeared with perfect regularity. On the night of March 2d I was summoned to her house and found her in bed with all

the symptoms of abortion. The flooding was considerable. In an hour I delivered her of a well-formed male fetus. Though the bones were well developed, the fetus was very small, measuring in length about three inches. She was in the fifth month of pregnancy, if we may date from the time when the symptom above noted first appeared. GEO. F. SIMPSON, M.D.

LOUISVILLE, March 18.

Editor Louisville Medical News:

The first Indiana State Sanitary Convention was held at Seymour, March 12th and 13th, and was in every respect a decided success. Many valuable papers on appropriate topics were read and discussed. The public manifested an active interest in the deliberations and debates.

Letters of encouragement were received from the health officers and prominent sanitarians of all the neighbor States.

Among the papers read before the convention were the following:

What the Public should know about Vaccination, by Dr. T. A. Graham, of Jeffersonville.

Proper Raiment for Women and Children, by Hon. F. J. Van Vorhis, of Indianapolis.

Sanitary Cooking, by Mrs. V. L. Oppenheimer, of Seymour.

Legislation Concerning the Destruction of Filth, by Rev. Geo. L. Curtis, of Jeffersonville.

The Work of Health Boards, by Dr. E. S. Elder, of Indianapolis.

Tobacco and Alcohol, by Dr. J. McLean Moulder, of Kokomo.

Ventilation, by Prof. W. S. Haymand, Indianapolis.

Nearsightedness in School Children—with magic-lantern illustrations, by W. Cheatham, of Louisville, Ky.

The next convention will probably be held at Mitchell, in the near future.

OBITUARY.

The painful news has just reached us that Dr. Lunsford P. Yandell died suddenly last night. Our hearts are filled with sorrow at this untimely blow. Dr. Yandell was a warm friend of the work in which we are now engaged. In his death, not Kentucky alone, but this entire country loses a worker in the great field of sanitation whose promises were just beginning to be fulfilled, whose past was well spent, and whose future life foreshadowed greatness. In commemoration of this sad event, be it

Resolved, That we, the members of the Indiana State Sanitary Society, write, amid the joyful records of our first convention, the mournful fact of our fallen brother's sudden end, in order to constantly remind us in the future of the old familiar truth. Be it further

Resolved, That we tender our most heartfelt sympathies and condolences to the bereaved wife and family, and that a copy of the above be sent to them and published in the late brother's journal, The Louisville Medical News, and the secular papers.

L. S. OPPENHEIMER, Seymour, *Chairman.*
T. A. GRAHAM, Jeffersonville, } *Committee.*
D. W. BUTLER, Connersville, }

Selections.

QUININE BY INUNCTION.—Doctor D. V. Wale, of Jasper County, Missouri, writes, in the St. Louis Courier of Medicine:

This important subject was brought before the St. Louis Medico-Chirurgical Society, August 7, 1883, by Dr. Hardaway. It seems that a majority of the members who participated in the discussion had had little or no experience in using quinine in infants by this method. Those who had had the least experience in giving quinine by the skin had the least faith in it.

I was taught, in 1872–73, by Prof. L. P. Yandell, of the University of Louisville, Ky., to mix quinine in lard and rub it on babies to arrest intermittent fever and other malarial maladies; but, being more influenced by Prof. Bell's specious argument,* that the skin would not absorb any thing, I had no faith in the "iatraleptic" method. After trying in many cases to arrest the fever by quinine given in the various so-called tasteless mixtures, and by enema, it being rejected per orem and per anum, I was compelled to resort to a method in

*It should be said, in justice to Prof. Bell, that his teachings are in accord with those of Michael Foster, who says: "In the case of the sound human skin, the balance of conflicting evidence is in favor of the view that soluble non-volatile substances are not absorbed, and that volatile substances such as iodine, which may be detected in the system after a bath containing them, are absorbed, not by the skin but by the mucous membrane of the respiratory organs, the substance making its way to the latter by volatilization from the surface of the bath. It is doubtful whether substances in aqueous solution can be absorbed by the skin when the epidermis is intact, the evidence on this point being contradictory; but absorption takes place very readily from abraded surfaces, and even solid particles rubbed into the skin may, especially when applied in a fatty vehicle, as, for example, in the well-known mercury ointment, find their way into the underlying lymphatics." It should be noted that in applying the quinine, Dr. Yandell recommended and Dr. Wale mixed it with a *fatty vehicle and had it rubbed into the skin.*

which I had little faith. After succeeding in many cases in breaking up an intermittent by rubbing in the quinine, I was compelled to have faith, and my faith hath made many children whole.

Now, after using quinine in this way in over *one thousand cases*, the most of them under twelve months of age, I have reached the following conclusions: The younger the subject the more sure the results. In children it rarely fails, while in adults I have never succeeded in even lessening the paroxysm. I do not remember to have failed in a single instance, where the infant was under ten months of age, in completely arresting an intermittent or remittent fever; rarely under twelve months of age. From twelve to fifteen months, I have succeeded in a very large majority of my cases; from fifteen to eighteen months, occasionally; from eighteen to twenty-four months, rarely; after two years, never.

Of one hundred and sixty-two infants under twelve months of age that I have treated for intermittent and remittent fever since January 1, 1880, in only three have I failed. These three were over ten months of age. In one the quinine produced such irritation that it could not be absorbed.

The amount I use is about three times the amount requisite when given per orem. I have the mother or nurse to mix the quinine with one teaspoonful of lard, divide it into three parts, and rub on the inner side of the thighs and groin, one part every two or three hours, according to the amount of time that I have. To be effectual it must be completed several hours before the paroxysm. If the paroxysm is not lessened, I repeat, in like amount, on the next day. If it is lessened, I repeat in amount proportioned to the paroxysm.

In only a minority of my cases am I compelled to repeat the quinine; occasionally two repetitions are called for.

In many of my families, the quinine is procured, mixed with lard, and rubbed on without consulting a physician. So satisfied are they with the results that they would not permit any one to pour the bitter drug down their babies' throats.

One thing which I must mention is that many physicians give infants too small doses by every method. A younger infant must take a larger dose in proportion to its age than an older one. If the ointment is put on a band, and fastened round the body, it will do no good, as it is the band and not the baby which absorbs the drug.

As regards enemas, if an acidulated solution is used, it will be almost universally expelled before it has had time to be absorbed to any great extent. If no acid is used, part will be retained in the syringe, the rest lying in the rectum until expelled.

The hypodermic syringe is a needless torture and impracticable in the country.

Is a Woman with Amenorrhea Marriageable?—The following is from an able lecture by J. Matthews Duncan (Medical Times and Gazette): The commencement of menstruation may be long delayed, or the function may never be established—*emansio mensium*—a condition often the result or accompaniment of bad health, always a very important matter in social respects. Such women may have no internal genital organs, or only part of them, or only imperfectly developed organs; and there may be no ground for suspecting imperfection, the women being vigorous, and in all other respects fine specimens of the race. Of this you may remember a case lately in "Martha," where we could detect no genital organs internally by careful examination. Treatment for emansio is generally set agoing early and pursued diligently; and soon the question arises, how long is it to be pursued? There is little difficulty in the earlier years if the girl is chlorotic or otherwise in bad health, for these conditions urge the practitioner. There is little difficulty also, if the girl is ill developed in her general bodily figure, if she is still plainly a mere girl. But it soon, in all cases of entire absence of menses, becomes desirable to know whether or not she can menstruate or should be expected to menstruate; and this especially in robust, healthy women. In any case it is common to delay local examination till the age of nineteen or twenty is reached, and then it is done only with the approval of the patient. But necessity for examination may be precipitated by a proposal of marriage. A woman is not wise to marry who has imperfection of the genital organs. In ordinary circumstances regular menstruation is held as sufficient evidence of perfection. When menstruation has not been commenced it is necessary to make examination to ascertain if they are perfect in form and size so far as examination can decide. If they are well sized and well formed it is still a matter for consideration whether or not the married state should be entered upon. Were it certain that a woman who has never menstruated can not bear a child,

she should not be married, but it is known that, while pregnancy is not to be expected, it may occur and be successfully carried on.

I have said that the establishment of menstruation is held, in ordinary life, as sufficient evidence that a woman is marriageable so far as her genital organs are concerned. But this is not a warranted conclusion, and it remains as a practical guide only, because imperfection is very uncommon, and still more rare in women who menstruate. It is a very interesting and still unsolved question—how small a womb can be successfully pregnant. Certain it is, that a very small one may be unsuccessfully pregnant. Long ago I published a case, where the womb was well ascertained to be not above two inches in length from os externum to inside of fundus. This woman was repeatedly pregnant, and had early abortions, and in one of these, which I examined, there was marked hypoplasia of the decidua. Under the influence of repeated pregnancies the woman's womb did not increase in size—it remained an under sized organ. It has been fondly imagined that a womb may be made to grow—a natural or healthy growth—and to menstruate—not merely bleed a little—by irritating it with intra-uterine pessaries; but there appears to me no rationality in such expectations, and I advise you not to resort to such treatment. There are other evident objections to it besides the danger of it inducing inflammation, and even causing death. If repeated pregnancies do not make a womb grow to its natural bulk, a rod of metal inserted into it is not likely to make it grow or to do any thing but harm.

While, with the restriction stated, regular menstruation is held as evidence of marriageableness, you must not hold that absence of menstruation is proof of the opposite. A woman may have every quality or attribute of marriageableness who menstruates irregularly, or rarely, or even who has never menstruated at all.

ANTE-PARTUM CONVULSIONS; MECHANICAL DILATATION OF THE OS WITH SIMS'S RECTAL DILATOR; RAPID DELIVERY; SIMS'S SPECULUM IN OBSTETRICAL OPERATIONS.—Dr. Barret, at the December meeting of the St. Louis Obstetrical Society (St. Louis Courier of Medicine), reported the following case, with comments:

I found the patient, a primipara, about twenty years old, in deep coma, very cyanotic, with pupils evenly contracted, and with a very feeble and rapid pulse. Clonic convulsions were recurring every few minutes, and the doctor informed me that there had been sixty convulsions since his arrival at 5 A. M. It was then 10:30 A. M. The urine seemed to be entirely suppressed. There was no uterine contraction. The os was sufficiently open to admit the finger easily, and its consistence was normal.

We learned that she supposed herself to be within a few days of labor, and that she had retired in her usual health. About 5 A. M. she was awakened by one or two uterine contractions, which were immediately followed by the convulsive seizure.

In consultation between Drs. Fischel, Hontzelman, and myself, it was agreed to deliver her as speedily as possible, the only question being whether the apparently very hopeless condition of the patient admitted of any assistance. We hesitated for some time to proceed on this account, but as the pulse was progressively failing, the respiration becoming more labored, the coma and cyanosis deeper, and the convulsions returned with unfailing regularity, in spite of the large doses of chloral and bromide of potassium the doctor had administered, we resolved to operate. The patient was plainly and speedily drifting to death. No hope could be expected from tardy remedies, and in the circumstances delivery seemed to be the only alternative.

The patient was lifted from her bed onto an ordinary table. The vagina was dilated with Sims's speculum, and the dilator I here exhibit introduced within the os. The blades of the dilator were very slowly and gradually expanded to their full capacity, the fingers of the operator being introduced into the expanding os, to note the extent to which it yielded. When it was found to have yielded entirely to the expanding force of the instrument another turn or two was taken, and after a few minutes another, and then another pause, and so on until the full expansive capacity of the dilator had been attained.

The operation of expanding the os occupied only ten minutes, and the delivery of the child was accomplished in less than twenty minutes, the dilatation and the delivery being completed in less than thirty minutes.

The point to which I desire to call special attention, is the ease and rapidity with which the dilatation of the os was effected, and the great superiority, in my opinion, of an instrument of this kind, in the class of

cases to which it is applicable, to the dilators of Barnes and Molesworth.

Those who have attempted to use the latter instruments will appreciate the importance and satisfaction of possessing a dilator that is always ready, that does not burst at the most inopportune time, that does not slip out of the os into the vagina, nor into the uterus to displace the head.

Dr. Robert Barnes, who may, I think, be justly designated the greatest living obstetrician, a man who is no less distinguished by his ability than his ardent zeal for science, his liberality of sentiment, his unbiased integrity, and by his modesty, which approaches humility, speaks of the capabilities of his dilators with the greatest pride and confidence. He evidently regards them as the most important contribution of modern science to the obstetrical armamentarium.

No doubt his personal experience with them justifies this conviction, but I am constrained to believe he is more skillful in using them, and that he is supplied with instruments of better quality than most of his would-be-followers. I have yet to meet the man who has tried Barnes's dilators that found their operation as simple and satistory as he had anticipated. How often has the rubber dilator burst in spite of the utmost care, how often is it forced out of the os into the vagina by uterine contraction and the presenting part of the child, or into the uterus by the operator.

The dilator I suggest is free from these objections, perfectly under the control of the operator and perfectly controls the os. It does not displace the presenting part of the child, it can not break, it is always ready, and the dilatation can be made as gradual or as rapid as the necessity of the case may require.

Rheumatic Subcutaneous Nodules.—M. Troisier sums up our knowledge of these bodies in the following description: They are small subcutaneous tumors projecting more or less markedly. Sometimes they are not visible to the naked eye, and can only be made out by palpation, or by putting the skin over them on the stretch. When they occur in the vicinity of joints, flexion or extension of the joint, as the case may be, usually renders them more prominent. They vary much in size; they may be no bigger than a pin's head, or they may be as large as an almond. They are usually spherical or ovoid, but sometimes disk shaped; their margins are generally well defined. Of firm consistence, they are elastic rather than hard, but pressure does not alter them. The skin is freely movable over them, and they are often, to a certain extent, movable on the tissues beneath them, and are adherent either to tendons, superficial aponeuroses, the ligament in the neighborhood of joints, or to the periosteum. The skin over them is neither red, hot, nor thickened. They may be painless. They appear suddenly, and develop rapidly, but occasionally their evolution may be gradual. They usually come out in successive crops, and may last from a few days to some weeks; their absorption takes a longer time than their development; they never leave any permanent traces behind them. They may be found about any of the joints, at all the superficial bony prominences, as the patella, malleoli, olecranon, scapula, crest of the ilium, bones of the hand and the surface of the skull, especially the forehead and occipital region, over the spinous processes of the vertebræ, in the ear, and in fact any where that they can develop in the superficial aponeurosis. They are often symmetrically arranged. As regards their anatomical seat and minute structure, he is of opinion that they originate in the fibrous tissue of tendon, ligament, aponeuroses, and periosteum, and push their way into the subcutaneous tissue, from which however they never rise, and to which they never become adherent. They are composed of an embryonic tissue, showing at some points more or less of organization and undergoing in places a necrobiotic change or process of molecular re-absorption. In other words, there is a new growth of connective tissue taking origin from the fibrous tissue, but never arriving at such a complete stage of evolution as to deserve the title of fibrous tissue. This view offers a ready explanation of their temporary character, and their tendency to disappear completely. They belong essentially to rheumatism, both by their co-existence with other rheumatic manifestations, and by their mode of evolution, which, in some respects, recalls the shifting and fugitive character of the latter. They are not in themselves of any gravity, and call for no special local treatment.—*Progrès Médical; Medical Times and Gazette.*

Poison-Vending.—To sell poison as poison, with a poison label on it, in a poison bottle, is one thing, but to sell it under a fancy name is another. The "soothing syrups," the "cough drops," the "remedies for spasms," the countless pills, elixirs, lo-

tions, drops, and sleeping potions which fill the druggists' shops, and their descriptions the advertising columns of the journals, are so many public dangers. A Lepcha once described the root of a glossy, lurid-leaved Himalayan plant as "useful to sportsmen for destroying elephants and tigers, useful to the rich for putting troublesome relations out of the way, and useful to jealous husbands for the purpose of destroying faithless wives." In a similar spirit, looking at the long list of patent medicines of deadly composition, we may describe them as "useful to the insurer of the lives of others, useful to the expectant heir, useful to blight the shame-bud of illicit love, useful to the farmer of babies, and useful to all who have aught human to kill." The "powder of succession" can be bought for thirteen-pence-halfpenny; the "Aqua Toffana," has changed its name to "Somebody's infallible skin remedy;" the venom that smeared the Indian's arrow receives the English Government stamp, and pays the Government duty as a never-failing application for neuralgia or toothache. Let us have done with masks; sell each thing and let it be sold under its own name and no other, let soothing syrup be called "a solution of opium, dangerous to children;" let the exact strength and composition of odontalgic essences, of solutions of aconite, of chloral, etc., be stated on the label, and if wrongly stated let the offender be amenable to law. The time is ripe to say that licensed quackery should no longer be permitted in its present form; but that the ignorant and unscrupulous man who puts chloral solution in a bottle, colours it with cochineal, names it "Somnifer," or any thing else that can be registered, and casts it broadcast by means of advertisement over the land, should be held responsible for its use and abuse. So long as the composition of medicines and poisons is known, so long as there is no secrecy, then there is fair protection both from accidental admixture and willful ministration; but the present sale of poisons under the guise of patent medicines is not creditable to our laws and is alien to our method of thought. We hope that an early effort will be made to take from the speculator and the charlatan the liberty they now possess of pressing the poisoned chalice to the lips of the credulous and simple.—*Med. Times and Gaz.*

MALIGNANT DISEASE OF THE CERVIX UTERI.—The following very interesting case came before the gynecological clinic of Prof. T. Gaillard Thomas, in New York (Obstetric Gazette):

Mrs. Eliza C., a native of the United States. Has been married about thirty-five years. She says she has back-ache and the whites. Upon questioning her I get the statement that the discharge is water, and to the amount of about a pint and a half in twenty-four hours. These are the only symptoms which she considers important enough to present to us. She has been under the care of several physicians, only one of whom has examined her by the vagina. I do not get these points for the purpose of criticising the physicians, but that I may impress upon you the great value of always suggesting a vaginal examination of every patient presenting herself with symptoms that lead you to suspect the uterus.

Have we any thing in the symptoms which this patient presents us tending to criminate the uterus? Doubtless many of you are thinking of the profuse watery discharge; and let me earnestly urge you never to prescribe for a woman who speaks of having a watery discharge until you have examined her, for this is one of the rarest forms of discharges which you will meet with. *Bloody or mucuous discharges are comparatively common, but when you meet with a vaginal discharge which is profuse and watery always remember that this is a symptom of malignant disease.* I call to mind the case of a lady who was referred to me by several physicians from a distance, gentlemen whom I knew to be intelligent and competent. This lady had been under treatment for a year and a half, but as the only symptom of which she complained was hydrorrhea, none of these gentlemen had made a vaginal examination. Upon examining her I found the cervix entirely gone, and that only the fundus and outer wall of the uterus were left to show the result of epithelioma.

Now imagine how one of you would feel if you had been treating a lady for a year and a half without having examined her, and then some rival practitioner should be called in to make an examination.

But, to return to our patient of to-day. When I examined her in the ante-room I found the vagina, midway between the cervix uteri and the ostium vagina, constricted by a firm, velvety feeling ring of tissue, which is brittle under my finger, easily breaking down. This is malignant tissue, and is the cause of the serous discharge by obstructing the blood-vessels.

SACCULATED CALCULUS IN THE BLADDER. Sir Henry Thompson mentioned, before the Pathological Society, of London, Tuesday, February 5th, the case of a woman, aged forty-two. On exploring the bladder with the finger, there was a firm smooth growth springing from the base of the bladder, almost pedunculated; on grasping it with forceps, he discovered a calculus, which he then enucleated. Sacculated calculus was decidedly rare, but he had met with three other cases during life, and had removed them.

THE TRANSMISSION OF YELLOW FEVER.— Dr. Carlos Finlay believes that mosquitoes constitute one of the modes in which yellow fever is transmitted, as he has found certain filamentous elements at the base of the trunk of one of these insects after it had been sucking a patient affected with yellow fever. *Birmingham Medical Review.*

TREATMENT OF DIABETES WITH BROMIDE OF POTASSIUM. — M. Bergeron announces that he has just seen the sugar entirely disappear from the urine of a diabetic patient under fifteen days' treatment, four grams (sixty grains) of the bromide being taken each day.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U.S.A., from March 2, 1884, to March 8, 1884.

Perin, Glover, Lieutenant Colonel and Surgeon, Medical Director Dept. of Dak., leave of absence extended twenty days. (S. O. 23, Hdqr's Div. of the Missouri, March 5, 1884.) *Baily, J. C.*, Major and Surgeon, granted leave of absence for one month, to take effect on or about March 1, 1884, with permission to apply to the Adjutant-General of the Army, through Division Hdqr's, for an extension of three months. (S. O. 24, Hdqr's Dept. of Texas, Feb. 26, 1884.) *Bill, J. H.*, Major and Surgeon, granted leave of absence for one month. (Par. 1, S. O. 20, Hdqr's Dept. Platte, March 3, 1884.) *Bache, Dallas*, Major and Surgeon, leave of absence extended seven days. (Par. 1, S. O. 43, Hdqr's Dept. East, March 5, 1884.) *Stephenson, William*, First Lieutenant and Assistant Surgeon, ordered to Fort Niobrara, Neb., for temporary duty, on completion of which to return to his station, Fort Omaha, Neb. (Par. 4, S. O. 20, Hdqr's Dept. Platte, March 3, 1884.) *Fisher, Walter W. R.*, and *Polhemur, Adrian S.*, First Lieutenants and Assistant Surgeons, assigned to duty in Dept. of California; *Stephenson, Wm., Borden, W. C.*, and *Chapin, Alonzo R.*, First Lieutenants and Assistant Surgeons, assigned to duty in Dept. of the Platte; *Robertson, Reuben L.*, and *Edie, Guy L.*, First Lieutenants and Assistant Surgeons, assigned to duty in department of Texas. *Crosby, W. D.*, First Lieutenant and Assistant Surgeon, assigned to duty in Dept. of Arizona; *Gandy, Charles M.*, First Lieutenant and Assistant Surgeon, assigned to duty in Dept. of the East; *Pilcher, James E.*, First Lieutenant and Assistant Surgeon, assigned to duty in Dept. of Dakota. (Par. 4, S. O. 55, A. G. O., March 6, 1884 *Fisher, Walter W. R.*, First Lieutenant and Assistant Surgeon, assigned to duty at the Presidio of San Francisco, Cal., from 18th inst. *Polhemus, A. S.*, First Lieutenant and Assistant Surgeon, assigned to duty at Fort Winfield Scott, Cal., from 18th inst. (S. O. 23, Pars. 1 and 2, Hdqr's Dept. Cal., Feb. 25, 1884.) *Phillips, John L.*, First Lieutenant and Assistant Surgeon, assigned to temporary duty at Fort Warren, Mass. (Par. 2, S. O. 39, Hdqr's Dept. East, Feb. 28, 1884.) *Benham, R. B.*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort A. Lincoln, D. T., and ordered to Fort Sisseton, D. T., for duty. (Par. 1, S. O. 22, Hdqr's Dept. Dak., Feb. 26, 1884.)

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, U.S.A., from March 9, 1884, to March 15, 1884.

Billings, John S., Major and Surgeon, granted leave of absence for one month, with permission to go beyond sea, to take effect April 1, 1884. (Par. 6, S. O. 61, A. G. O., March 13, 1884.) *Heizmann, Charles L.*, Captain and Assistant Surgeon, leave of absence extended three months. (Par. 9, S. O. 57, A. G. O., March 8, 1884.) *Kneedler, Wm. L.*, First Lieutenant and Assistant Surgeon, assigned to temporary duty at Fort. A. Lincoln, D. T. (Par. 3, S. O. 26, Hdqr's Dept. of Dakota, March 8, 1884.) *Wales, Philip G.*, appointed to be Assistant Surgeon, with the rank of First Lieutenant, to date from Feb. 7, 1884, vice Brewster, resigned. (Mem., A. G. O., March 10, 1884.)

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, U.S.A., from March 16, 1884, to March 22, 1884.

Bache, Dallas, Major and Surgeon, leave of absence still further extended seven days. (Par. 1, S. O. 50, Hdqr's Dept. East, March 14, 1884.) *Matthews, Washington*, Captain and Assistant Surgeon, to be relieved from duty in the Dept. of the Missouri, and to report in person to the Surgeon-General of the Army for duty in his office. (Par. 12, S. O. 62, A. G. O., March 15, 1884.) *Black, Charles S.*, First Lieutenant and Assistant Surgeon, assigned to duty at Fort Concho, Texas. (Par. 6, S. O. 30, Hdqr's Dept. of Texas, March 10, 1884.) *Gibson, R. J.*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort Hays, Kans., and ordered to Fort Wingate, N. M., for duty. (Par. 3, S. O. 58, Hdqr's Dept. Mo., March 18, 1884.) *Crosby, W. D.*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort Huachuca, A. T., and ordered to Fort McDowell, A. T., for duty. (Par. 1, S. O. 20, Hdqr's Dept. of Arizona, March 15, 1884. *Edie, Guy L.*, First Lieutenant and Assistant Surgeon, assigned to duty at Fort McIntosh, Texas. *Robertson, Reuben L.*, First Lieutenant and Assistant Surgeon, assigned to duty at Fort Ringgold, Texas. (S. O. 33, pars. 3 and 4, Hdqr's Dept. Texas, March 17, 1884.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, APRIL 5, 1884.

Original.

RAIMENT OF WOMEN AND CHILDREN.*

BY F. J. VAN VORHIS, M.D., LL.B.

Mr. President, As a matter of self preservation and as a matter of business no State can afford to allow its people to remain in ignorance. Ignorance is both dangerous and expensive. Vice and disease are the certain results and both are dangerous and both are expensive. Ignorance, vice, and disease belong to the same family. They are blood relations.

Whatever may be the causative relation between them this much is certainly settled, that the most potent element in every reformation is knowledge and the surest safeguard against disease is information.

The power of knowledge to reform can be fully manifested only when it breaks in upon the mind of the individual to be reformed. So information, to be fully effective as a preventive of disease, must reach the individual members of society.

No effort to preserve the public health will be attended with any great degree of success that does not include first the consideration and the solution of the question, How is the information upon which the prevention of disease and the preservation of health depends to be carried into every household in the State, whether residing in the most palacious mansion or in the humblest cottage? To insure success, such an educational undertaking must be under the authority, and supported by the power, of the State. The work of the State Board of Health should be primarily and principally educational.

This was the thought in mind when the bill for its creation was drafted. This was the basis of most of the arguments made for the passage of such a law. But I confess to considerable disappointment, that since the enactment of the law and the appointment of a Board this object has, to all appearance, been lost sight of almost entirely.

I have not one word to say against the propriety and advisability of the collection of vital statistics. They will be valuable, and the collection of them ought, if possible, to be kept up. I do, however, say, that if the State Board of Health can not do this work, and at the same time do something in the direction of public education, the collection of vital statistics had better be discontinued altogether.

A recluse who, for the love of it, merely, spends his entire time in making investigations for the purpose of acquiring knowledge, but who in no way uses what he acquires for the benefit of others, is no more to be admired than a miser hoarding his gold, and is less excusable.

The humblest individual who has come into the possession of a few useful facts, and who uses the knowledge for the benefit of those about him, is of more value to society and the State than the wisest philosopher shut up in his study with no thought of the world without. The people need information now. They want knowledge that is available for present use.

Much valuable knowledge that may be available for sanitary purposes may no doubt be deduced from the statistics that are now being collected. But there is quite a large stock of useful information on hand that we have inherited, which, if properly disseminated, will be of incalculable public benefit. What we want just at this time is not so much to get more, but to use what we have. What we want now is not so much astounding scientific investigations and revelations as more practical teaching of the simplest elementary princi-

*Read before the State Sanitary Society, at Seymour, Indiana.

ples to the people who do not know of them.

Why not begin now to think about how to give those who need it the benefit of what is already known? Shall we go on indefinitely, generation after generation, collecting statistics and increasing knowledge and imparting nothing, giving nothing from our store except what leaks out or slops over? Statistics collected and stored away in annual reports that are read by very few are very much like buried treasures. Some time in the future somebody may dig them up accidentally and put them in circulation.

Still it is not out of place—it is right that such work should be done, and the work properly belongs to the State Board of Health; but I have more than once regretted that in the preparation of that bill I did not leave the provision for a bureau of vital statistics entirely out of it. If all the time of the Board is to be consumed and all its resources are to be exhausted in this department, it will be a continued cause for regret. Learned discussions, elaborate scientific investigations concerning the cause of this or that disease, well-written papers upon the topography of the country, and statistical tables are all very well and valuable, but when such work is done to the exclusion of practical teaching they become a positive evil.

I would not have you understand me as saying that the State Board has done nothing but collect vital statistics. It has done much by the simple exercise of its power in controlling epidemics, particularly of smallpox. It has done quite sufficient in this alone to justify its existence. But the exercise of the authority given it by the State has been, and is, often barren of good results because of the want of knowledge of those upon whom it is exercised.

What I mean to say is, that there has yet been no well-defined effort made to educate the public. To make the work of the State Board of Health effective, as it ought to be in the exercise of its power simply it must have the co-operation of the public. That co-operation will never be secured until there is more general knowledge concerning the laws of health than now exists.

It is a deplorable fact, but it is a fact, that concerning these matters there is greater ignorance than concerning almost any thing else connected with every-day practical life.

Did you ever note the fact that there are more humbugs labeled "medical" than all other business deceptions combined? If you have noted it, have you ever stopped to consider why it is so?

The explanation is very simple. Ignorance concerning matters pertaining to health and disease comes nearer being universal than concerning almost any thing else. Ignorance is the soil where humbugs are indigenous. The nearer universal the ignorance the more numerous will be the deceptions it invites and the more luxuriantly will they flourish.

In nothing upon which our physical welfare depends is the want of general information and the necessity for instruction more distinctly manifested than in the selection and preparation of food, and in the way at least three fourths of the people dress themselves.

When I received the kind invitation from the chairman of your committee to be present at this meeting, and if possible, present a paper upon some appropriate subject, I answered him that I would try to interest you for a few minutes upon "Food and Raiment." I had no thought then, nor have I now, of attempting any lengthy or scientific discussion of so broad a subject.

There is a physiological relation between food and clothing that makes it appropriate to consider them together, but when I received a copy of your programme and found that Mrs. Openheimer's subject was Sanitary Cooking, I gladly availed myself of the opportunity to abandon that part of my subject, being certain that she would leave little to be said concerning food that would be profitable to say here.

My purpose, besides, was only to call attention to the prevalent manifestations of ignorance concerning these two subjects (and one will furnish examples enough) to illustrate and make forcible the one thought that I had in mind, that there exists a pressing demand for disseminating those elementary facts and principles with which I have no doubt all who hear me are perfectly familiar—facts and principles that to you are so elementary as to make it almost out of place to refer to them.

I have not time now to prove it, but based upon my observation during the time when I was engaged in the practice of medicine, and trusting to the experience and observation of physicians who are present to corroborate me, I venture to assert that women and children, take one year with another, furnish three fourths of all the business done by physicians engaged in the

general practice of medicine in the State of Indiana.

I venture to make another assertion, trusting to your observation when you think of it to corroborate me, that not less than one half the sickness among women and children is produced directly and indirectly by changes in temperature and exposure to low temperature, and might be prevented by proper clothing.

If these assertions are true, and I have not the slightest doubt that they are not only true but less than the truth, they are sufficiently startling to arrest attention.

Consider for a moment a few elementary facts. The temperature of the human body does not in health vary to exceed 1.5° above or 0.5° below 98° F. This temperature depends upon internal processes—upon the changes going on in the body. By observation and direct experiment it has been ascertained that the extreme limit consistent with life is 9° above and 15° below 98°. That is, 83° is the lowest possible temperature to which the animal heat can be reduced consistent with animal life. In connection with this consider also the fact that during more than half of every year the temperature in this climate ranges from 40° to 100° lower than the lowest temperature consistent with life, and from 50° to more than 120° lower than the lowest temperature consistent with health—that often there is in twenty-four hours a variation in the temperature of from 20° to 50°—and some idea will be obtained of the enormous draft and strain upon the calorific processes of the animal body. With the thermometer at zero or below, animal heat must be kept up to and can not (and healthy action be maintained) be reduced below 97.5°. Between this temperature and the temperature at which life will cease there is only 14.5°.

The heat of the body, like the heat of a room, can only be produced by combustion. Something must be consumed. In heating your dwellings the thing to be desired, in the interest of economy, is to maintain the requisite temperature by the consumption of as little fuel as possible; first, because fuel is expensive; second, because the wear and tear upon your heating apparatus is less. This can only be accomplished by retaining the heat when produced. Your houses and public buildings are or should be constructed with this object in view.

So it is important in maintaining the normal temperature of the body to do so with as little strain as possible upon the vital processes. It is not only required that there should be sufficient fuel, in the shape of good food, but that the heat produced should not be wasted, at once we have reached the conclusion that clothing as well as food is physiologically a necessity, as well as for ornamentation and to hide the surface of the body.

Insufficient clothing must necessarily result in great waste of animal heat. And notwithstanding this waste may be compensated for by an abundant supply of good food, still there will be an increased draft upon the calorific processes. The greater the waste the greater the draft, and when a certain point is reached, or if the draft be long continued, the time will come when, every available material will be seized upon for consumption to keep up the temperature. Nutrition that should be appropriated to the restoration of tissues will be diverted from this and consumed by the calorific processes.

The animal heat will be kept up, no difference how great the cost or what the sacrifice demands of other vital processes. After a time the tissues and organs, weakened by the strain and exhausted by the draft, will succumb, and disease will be the result.

The struggle may be protracted more or less, according to the physical powers of the individual, but in the end the result will be the same. When I see the evidences of such a physiological struggle going on—and examples are all about us every day—I am reminded of occasional accounts of accidents incident to our Northern snow-storms. A family snowed in consume all their fuel; then burn their chairs, tables, bedsteads, and even the wood from the walls of their house, and when every thing that can be converted into heat is gone, succumb and are found dead with the evidences of their struggle all about them.

The physiological struggle going on in the bodies of each of hundreds of individuals in the State to-day against the depressing influences of low temperature is the same. It may not be so plainly visible, but is not less real, and if continued will be not less disastrous.

Now make a comparison, if you have knowledge of the facts sufficient to do so, of the clothing worn by women and children and men's clothing, and then, whether you have made any observations concerning the amount of sickness or not, tell me if you are not forced to conclude that I have asserted, concerning the sickness among

women and children, no more than might reasonably be expected to be the truth.

If you have never done so, the next time you visit a Sabbath school observe how the members of the infant class are dressed. You may find that they have on clothing enough if it was properly constructed and distributed. Generally, you will find almost all of it about the shoulders. Little girls will have skirts coming down to their knees, and little else but skirts. Below their knees to their ankles often nothing but thin (thick their mothers would say) woolen stockings, then a pair of shoes, and possibly over these a pair of Arctic overshoes. The sight would be ludicrous if it was not so sorrowful! From their ankles to their hips there is almost nothing that is of any value to prevent the waste of animal heat. Skirts hung about their hips are of no value whatever for this purpose. They are all very well and right for ornamentation. Little boys, until they are four or five years old, are dressed in almost the same absurd style, with nothing on their lower limbs below their knees but woolen stockings.

If these children stand it through and escape with their lives until about that age there is a change. The boy has heavy woolen underclothing and stockings. He gets his first pair of boots and a heavy pair of pants that come down to his instep, together with vest, coat, and overcoat, and altogether he is in a very comfortable condition. But how about the little girls? Visit the day schools and Sabbath schools, stand on the street corners and observe the little girls that are from five to twelve years old, children of rich and poor alike, as they pass. Then give me your judgment about how many of these little ones, that are to be the future wives and mothers, will ever reach womanhood free from disease.

And do you ask me why this condition of things exists? The only charitable conclusion is that their parents do not know any better. To come to any other conclusion would be to charge them with a most unnatural crime.

But how about the mothers themselves; how are they dressed? If I was on the witness-stand in court the law would not allow me to reveal secrets that have come into my possession in the course of my professional business, and the proprieties of this occasion forbid my giving an inventory of a lady's wardrobe, although it might be profitable to do so. But to those who are interested and do not know, let me tell you how to make a comparison that will very nearly show the difference between the clothing of a lady and that of a gentleman as they are ordinarily dressed. Call on one of your dry-goods merchants, when the thermometer is down about zero, and ask him to show material of the heaviest woolen fabric for a lady's dress. Get a piece of it for a sample and lay it away. On the following summer, when the thermometer stands ninety in the shade, call on your merchant tailor and ask him to show you his lightest woolen fabric for gents' summer wear. Get a piece of that for a sample and take it home and compare it with the other. Let me tell you what you will find. You will find the fabric for light summer for gentlemen much heavier than the fabric for heavy winter wear for ladies.

If you are not entirely satisfied by the comparison, try this: Call at some general furnishing establishment and ask to see a suit of ladies' heavy underclothing; then ask to see a suit of gent's heavy underclothing. Place them side by side, and my word for it the comparison, if you have never thought of it before, will set you to thinking.

It was a frequent occurrence, when I was engaged in the practice of medicine, to find a lady patient dressed in the middle of the winter, and thinking herself amply dressed, too, in no heavier clothing than her husband was accustomed to wear in the middle of the summer. When attention was called to it the answer was almost certain to be, "Why, Doctor, I am not cold, I am perfectly warm," and that was true, I have no doubt.

It is possible for you to build such a fire in your stove that you can keep the windows and doors of your room all open, and not suffer from cold, but you are almost certain to ruin your stove. Being perfectly warm is not always an indication that you have on sufficient clothing.

Want of information is at the bottom of all this, and is sufficient to justify us in asking the State Board of Health to devise some plan and lead the way in an effort to instruct those who have passed beyond the reach of the common schools into practical life, and who have never had an opportunity to be informed concerning those elementary facts and principles, a knowledge of which is so essential to the preservation of health, and thus, indirectly, at least, of so much consequence to the State.

INDIANAPOLIS, IND.

Miscellany.

BETHESDA WATER.—We desire to call the attention of our readers to this unrivaled mineral water, the advertisement of which may be found in this issue on adv. page 10. The water has been known for now some sixteen years as a valuable accessory in the treatment of various disorders of the genito-urinary apparatus. Drs. E. L. Keys, New York, William Fox, Milwaukee, Wis., C. D. Parke, Selma, Ala., E. R. Palmer, Louisville, Ky., and L. C. Locke, Dallas, Texas, with many other physicians of high professional standing, bear ample testimony to its therapeutic worth.

Under its present management Bethesda has been made a watering place of the first rank, and during the summer months the sick will find no better place of sojourn than Waukesha. Accommodations are ample, the air is pure and invigorating, the scenery beautiful and inspiring, and the water, a cool delicious beverage, has medicinal properties which have restored the health or prolonged the lives of many who were supposed to be hopeless invalids.

ILLINOIS STATE BOARD OF HEALTH.—The regular quarterly meeting of the Illinois State Board of Health, will be held at the Grand Pacific Hotel in Chicago, beginning Thursday, April 17th.

At this session candidates for certificates will be examined, both non-graduates, who must undergo an examination upon their preliminary education as well as in the usual branches of medical study, and also graduates of colleges which have not fully complied with the schedule of minimum requirements adopted by the board in 1880, and in force from and after the session of 1882–83.

HYGIENE IN ISRAEL.—We are indebted to Dr. J. Solis Cohen for a careful translation of the directions given in Leviticus (chap. xiv) for dealing with infected places, which is interesting reading in comparison with some of the modern views on the same subject:

"When you shall come into the land of Canaan, which I have given you for a possession, and it happen that I should put the plague of leprosy* on a house of the land of your possession, the owner of the house shall report to the priest, Something like a plague has appeared in my house.

"The priest shall order the house to be emptied of its contents before he comes to look at the plague, in order that these may not be rendered unclean.† After that, he shall visit the house; if he finds that there is a plague in the walls of the house, as shown by sunken places, greenish or reddish, the discolorations appearing to be below the general level of the wall (that is, in the stone?), he shall leave the house, and see that it is shut up for seven days. On the seventh day he shall return and re-examine the premises. Should the plague have spread in the walls of the house, the priest shall order all the infected stones to be removed, and they shall be cast on an unclean place *beyond* the limits of the city. *The entire interior surfaces of the walls shall be scraped*, and the rubbish shall likewise be cast without the city, on an unclean place. The stones removed shall be replaced by new stones, and the house shall be re-plastered. Then, if the plague return and propagate itself in the house after the stones have been removed, and after the house has been scraped, and after it has been re-plastered, the priest shall come and examine it again, and if he find that the plague has spread in the house, it is a destructive leprosy—the whole house is contaminated. They shall tear the house down; its stones, its timbers, and all its plaster, *every thing shall be cast out beyond the city*, on an unclean place.

"If any one should enter the house during the time that it is shut up, he will be contaminated until evening.‡

"Whoever eats in the house shall wash his clothing; whoever lies down in the house shall wash his clothing.

"If, after the house has been re-plastered, the priest should find that the plague does not reappear, he shall pronounce the house clean; the leprosy is healed." In other words, disinfection is complete.—*Philadelphia Polyclinic.*

PROF. S. D. GROSS, of Philadelphia, has been invited by the University of Edinburgh, Scotland, to accept the Honorary degree of Doctor of Laws from that University at the celebration of the tercentenary of its foundation, which takes place April 17th.

* Leprosy here is a general term to indicate infectious disease, not necessarily *lepra*.

† Religiously so, by his dictum; depriving the family unnecessarily of their clothing, household utensils, etc.

‡ For those who were unclean (*Tame*) "until evening" certain rules of purification existed, which had to be carried out before they could be restored to the society of family and friends. Except for this limitation, "until evening," their isolation would have no definite termination. Hence the restriction.

BACILLUS OF CHOLERA.—The substance of Dr. Koch's fifth report, dated Calcutta, January 7th, is to the following effect: After expressing his thanks for the way in which the Commission had been received by the medical authorities at Calcutta, Dr. Koch states that he and his associates have had an opportunity of making post-mortem examinations of nine cholera subjects, in all of whom they found the same bacilli as they discovered at Alexandria. They isolated them, cultivated them in gelatine, and observed in them certain characteristic features which enable them to differentiate them with certainty from similar forms of bacillus. Dr. Koch has also been able to identify the specific bacillus in the evacuations of living cholera patients. His next step was to examine the intestines of patients who had died from other diseases, as pneumonia, dysentery, phthisis, and Bright's disease, for the same bacillus, and in each case without success. He also examined the dead bodies of animals and other substances swarming with bacteria, but in none was the specific bacillus to be found.—*Medical Times and Gazette.*

IN the course of a recent discussion in the Prussian House of Representatives on the Nursing Sisterhoods, Prof. Virchow paid a compliment to England which ought not to pass unnoticed. "As a matter of fact," he said, "a satisfactory organization for the care of the sick has only been as yet devised in one country, where it has been taken up with such a strong bent as to carry it far beyond any thing that Catholic sick-nursing has so far attained to, where, in fact, the devotion even of the upper classes has been such that nothing that the Catholic Church has provided can be in any way compared to it. (Laughter from the Catholic party.) Gentlemen, can you point to a place in which the Catholic Church has done what is done in London, where a succession of members of the aristocracy go as nurses into the houses of the sick poor? I have always held that this is a matter in which we may all leave our religion at home, and work together simply as fellow-men."—*Ibid.*

AUVARD'S "NEST."—Dr. Mathews Duncan exhibited Wednesday, February 6th, before the Obstetrical Society of London, the "nest" or "incubator" of Dr. Auvard. A similar machine had been used for some years in the Paris Maternitè by Dr. Tarnier, but upon this Dr. Auvard's was an improvement. It was planned to maintain a uniform temperature. It was simple, cheap, and useful. Dr. Auvard stated that by its use the mortality of children under two thousand grams weight at birth had been reduced from sixty-five per cent to thirty-eight per cent. The child was placed in it clothed. The machine was kept warm by hot-water bottles, the air moistened by passing over damp sponges, and ventilation kept up and watched by a little anemometer. Any ordinary nurse could easily manage the whole matter.—*Ibid.*

CRETINISM.—A conscription of idiots and cretins is about to take place in Hungary, under Government supervision, with the object of ascertaining more exactly what proportion the number of cases bears to the population of the country, and also to the number of asylums or other institutions provided for their care. The opportunity will not be lost for making further investigations into the true nature of the complex condition known as cretinism, and it may be confidently anticipated that the curious connection between disease or removal of the thyroid gland, myxedema, and sporadic cretinism, which has of late been clearly recognized, will be still further illustrated and explained when a larger amount of material, and especially of cases of endemic cretinism, are available for study.—*Ex.*

LADY MEDICAL STUDENTS.—At the present time there are forty-five lady medical students in Paris, the great majority of whom are Sclavs. At Liege the number has increased this year from five to twenty-six. In Switzerland there are sixty-eight—viz., seven at Geneva, thirty-three at Zurich, and twenty-eight at Bern; none studying at the Basle Faculty. Pretty well received in France, and thought but little of in Switzerland, lady medical students at St. Petersburg, if not actually imprisoned, are compelled to board in a kind of barrack, under the superintendence of the authorities; so that it is not surprising that whenever they can, these medical aspirants resort to Paris, where they meet with a more liberal hospitality.—*Medical Times and Gazette.*

A TYPICAL case of hydrophobia, fatal, of course, following the bite of a cat, is reported by H. H. Clutton, M. B., F. R. C. S. The patient was a woman aged forty-three years. The cat had been bitten by a mad dog.

The Louisville Medical News.

Vol. XVII. SATURDAY, APRIL 5, 1884. No. 14

H. A. COTTELL, M. D., - - - - - - - - Editor.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

MISERABLE SHIP SURGEONS.

The deplorable state of the medical service on shipboard is just now a matter of comment with many of our American contemporaries. The subject has for several years been thoroughly canvassed in the British medical and secular press through the efforts of Dr. J. A. Irwin, a retired marine surgeon, and a state of affairs has been shown to exist which is a disgrace to the service and a reproach to our profession.

In a pamphlet recently received, the foreign discussion of the question is passed in full review, and we find among abundant press comments a letter written by Dr. Irwin to the British Medical Journal, which tells a sad story of the lives led by those ununhappy mortals who serve as surgeons on shipboard. Dr. Irwin says:

"It were well to bear in mind that we have not one 'marine service,' but perhaps *fifty*, in almost all of which customs and conditions of service vary in almost every degree. With two or three of the best companies there is comparatively little cause for complaint; and these may be known by the fact that they retain suitable surgeons in some instances during many years. Others, which from a public point of view are little less important, combine so many objections that the most unfortunate specimens of our profession can scarce be induced to engage for a second voyage."

Neither Passenger Act nor Board of Trade defines in any way either the duties, responsibilities, status, salary, or accommodation of the ship surgeon. Each office, and in some instances even each ship, and usually *post facto*, formulates its own laws; and hence every parvenu in shipping may "save an honest (?) shilling" by playing shuttlecock with the lives of passengers, and placing indignities upon members of our profession.

The ship's surgeon, though usually on a level with the steward, cook, and carpenter, in the matter of salary, is frequently compelled to submit to indignities which these officials would not brook; as, for example:

In the latest addition to a splendid fleet, carrying annually its thousands upon thousands, and patronized even by royalty, the surgeon's room measures five feet eleven inches by five feet three inches, is without any window or port-hole, and is situated below in a narrow athwart-ship passage, the door being opposite to and within thirty inches of the door of the passengers' water-closets. Every thing else on this vessel is magnificent to a degree. The saloon, to seat about two hundred, is gorgeous and in perfect taste; the steerages, for about two thousand, exceed the requirements of the law; the captain is allotted two fine rooms, in one of which alone probably twenty persons could sit with comfort; yet for the surgeon, who has sole charge of the health of these persons, and on whose skill any one of them may depend for his life, this wretched hole, absolutely useless for any other purpose except a clothes-press, or, perhaps, another water-closet, is deemed sufficiently good. Yet, not two years ago, this ship was visited and admired by half Liverpool, pictured and praised by half the papers of England. On this same line the surgeon is paid £9 for each month that he has conducted himself to the satisfaction of those placed over him; but he is obliged to sign the "articles," or contract between employer and employed, at the rate of one shilling per month, which is, therefore, all that he can legally claim, while the remaining £8 19s. is held over his head as a security for his good behavior. This principle is applied to no other member of the crew except the surgeon, unmistakably implying that his employers regard him as the most untrustworthy and probably ill-conducted man on board their ship. How do they reconcile this view with the responsibility they place upon him in the charge of over two thousand lives? In connection with this part of the subject it is worthy of note that while the ocean passenger trade is constantly becoming more enormous, and every thing else connected with it is advancing at a proportionate rate, all that pertains to the surgeon is steadily becoming worse. Such rooms as I have described could not have been found and

would not have been tolerated fifteen or twenty years ago. Then the surgeon's salary was at the rate of £200 or £250 per annum, besides perquisites which no longer exist; now the highest wages (paid by very few lines) are £10 per month. Formerly, on all good lines, the surgeon had his special servant; now this is every where abolished. The surgeon usually "takes his share" of an "officer's boy" or "mess-room steward," dispenses unaided, washes his own pestle and mortar, and not unfrequently finds it less trouble and annoyance to carry the medicine to his patients than to search for some stray steward who may, when found, incline toward impudence at being called upon to do "what is none of his business." And all this, while the duties to be performed are so immensely more important to the public, and proportionately more laborious.

Dr. Irwin further shows that, in consequence of the immense and increasing numbers who emigrate from the United Kingdom yearly, a ship often contains more sick persons than one surgeon can properly attend, and that in his failure to procure adequate assistance from the ship's officers or servants, many passengers are made to suffer unduly, or may even die, for want of proper treatment.

The picture presented during the earlier part of the voyage in a crowded ship, when men, women, and children are in the qualms of sea-sickness, with one young, inexperienced, poor, slighted, abused, overworked, medical man (his own consultant, druggist, and steward) vainly struggling against overwhelming odds to do his duty by the sufferers, is pitiable beyond thought, and it seems strange that in this age of organized philanthropic effort, some society has not been established for the prevention of cruelty to ship surgeons.

The writer next takes up the question of marine statistics so far as mortality among passengers is concerned. He says:

Few, if any, ships are furnished with proper ventilating apparatus or other sanitary appliances; and the master, who is generally wanting in the requisite knowledge, being the only responsible sanitary authority, there is very commonly a neglect of sanitary precautions throughout the voyage.

Dependent upon these causes, *there is among passengers a much larger amount of sickness and a far higher mortality than is justified by the necessities of transit.*

In estimating sea mortality he maintains that the death-rate among Atlantic passengers should not be compared with the contemporaneous death-rate of persons living on land.

Emigrants are, *a priori*, a healthy and hopeful people—the picked of the population whence they come. There are among them a much smaller proportion of aged persons, children, and infants, than among the stationary population. Of the entire number leaving England for America during 1881, less than one fifth were under twelve years of age. And lastly, on the day of embarkation, or the day previously—that is, in all fatal cases, within ten or twelve days of death—they are subjected to three distinct medical examinations, *and passed as healthy*. Balancing opposing causes (such as excitement at parting from friends, inebriety, railway traveling previous to going aboard, disturbance of the regular condition of life, sea-sickness, defective ventilation, improper food, rough cooking, etc.), I unhesitatingly express my opinion that the conditions above stated are by far the more weighty, and therefore, that if the death-rate among Atlantic passengers approaches the ordinary death-rate on land, there must be something wrong which can and ought to be corrected.

Now to glance at statistics. When worked out, the figures quoted from the high authority of Dr. Turner, Medical Director of the U. S. Navy, show that during the ten years ending December, 1880, the mortality among Atlantic passengers was at the rate of 44.6 per 1,000 *per annum;* that, on fifteen particular ships during 1880, it was at the rate of 70.6 per 1,000 *per annum*, or one death occurred among every four hundred and two passengers; while one ship, carrying 1,331 emigrants during the same year, lost one for every one hundred and one conveyed across. But these statistics, being formed from all European vessels carrying emigrants to New York, may be discredited as applying to British vessels. Not so the return just issued for 1881 by our own Statistical Department (the first ever prepared on the subject in England), and ordered to be printed by the House of Commons. From it may be learned the startling fact, that of 315,850 persons, who during 1881 embarked on English ships for North America, one hundred and eighty-five died in transit. . . .

[Here follows a table showing the number of deaths to the number of passengers embarked on some of the better lines of British ships. They range from 1 in 3,313 up to 1 in 509.]

Not included in this rate are the deaths of ten infants, born during the voyage, and of fourteen members of the crews, besides seventeen others composed of passengers and crew, who were drowned or committed suicide. It should also be

borne in mind, that if such large numbers died during the short transatlantic passage, *and so recently after being passed as healthy*, it is almost certain that many others were landed in a dying condition, or died soon after landing from the effects of the voyage. In comment, I will merely observe that those conversant with the characters of these lines for liberality to their passengers, and such treatment of their surgeons as retains the services of the most experienced men, can not fail to be struck by how closely the order of the list bears out the substance of my argument.

From the foregoing it will be seen that Dr. Irwin is dealing with abuses which call loudly for reform, and that some effective remedy for the evil should be devised without delay. The scheme of reform as proposed by the writer is to "force the matter upon the attention of the Governments of Great Britain and the United States, with the view of having the surgeons of all ships carrying any considerable number of passengers independent and dependable Government officials."

We trust that for the sake of the poor passenger, whose health and life on shipboard is endangered through disregard of hygienic measures and insufficient medical attention, that our Government will immediately do its part in this matter. As for the surgeon, though an object of pity, we can not afford to waste any store of sentiment upon him, for it seems to us that no young doctor with self respect and a proper sense of the worth of his calling would think of going to sea in a capacity which, while it may subject him to as much abuse as is put upon the boy before the mast, gives him less dignity than is accorded to the ship's cook.

In times not beyond the memory of the older tars, when a storm arose and every man was needed at the rigging, the captain would shout, "All hands and the *cook*, on deck!" In these days, under the same pressing need, the cry would be, "All hands and the *surgeon*, on deck!" *O tempora! O mores!*

The British Medical Association numbers more than ten thousand members.

Recent Changes in the Faculty of the Medical Department of the University of Louisville.—At a meeting of the Board of Trustees on Tuesday, the 1st inst., Prof. J. W. Holland was transferred from the chair of Materia Medica and Therapeutics to the chair of Theory and Practice made vacant by the death of Prof. L. P. Yandell, and the chair of Materia Medica and Therapeutics was tendered to Prof. Turner Anderson, of the Kentucky School of Medicine, long known as a leading practitioner and an able medical teacher.

At a former meeting of the board (February 25th), Dr. H. A. Cottell was elected to the Professorship of Medical Chemistry and Microscopy. These appointments were made upon the unanimous recommendation of the faculty.

Dr. J. M. Taylor, in Mississippi Medical Monthly, reports a case in which the eating of the buds and bark of a twig from a peach-tree was speedily followed by a free action of the bowels, during which a tapeworm, upon which other remedies had been tried without satisfactory results, came away entire. He is in doubt as to whether the result should be attributed to the peach-bark or to coincidence, and invites further observation in this direction. The patient was a child eighteen months old.

Dr. Didama, the newly-elected President of the New York State Medical Association, the new society which in February was organized under the old code, is accused of having consulted regularly with homeopaths by an Eastern journal. We shall believe that this is a mistake until the defense confesses judgment or the prosecution proves the point.

The College of Pharmacy of the City of New York held its fifty-fourth annual commencement on the 18th instant, and the degree of Ph. G. was conferred on seventy-four gentlemen.

Bibliography.

Index Catalogue of the Surgeon General's Office, U. S. Army, Volume iv. E. Fizer, Government Printing Office, Washington, D. C. 1883.

Minutes of a Convention held in the City of Albany, February 4 and 6, 1884, at which the New York State Medical Association was organized on a permanent basis.

The Medical Directory of Philadelphia for 1884. Edited by Samuel B. Hoppin, M.D. Philadelphia: P. Blakiston, Son & Co., No. 1012 Walnut Street. 1884.

Reminiscences of Abraham Lincoln, and Notes of a Visit to California: Two Lectures, by Joshua F. Speed, with a Sketch of his Life. Louisville, Ky.: Printed by John P. Morton & Company. 1884.

A Year-Book of Surgery for 1883. Edited by Charles H. Knight, M.D. New York: G. P. Putnam's Sons, 27 and 29 West Twenty-third Street. London: 25 Henrietta Street, Covent Garden. 1884. Year-Books of Medical Progress.

A Year-Book of Therapeutics for 1883. Edited by Royal W. Amidon, M.D. New York: G. P. Putnam's Sons, 27 and 29 West Twenty-third Street. London: 25 Henrietta Street, Covent Garden. 1884. Year-Books of Medical Progress.

On the Pathology and Treatment of Gonorrhea. By J. L. Milton, Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. Fifth edition. New York: William Wood & Company, 56 and 58 Lafayette Place. 1884.

Fifth Annual Report of the Board of Health of the Taxing District of Shelby County (City of Memphis) for the year 1883. By G. B. Thornton, M.D., President. Memphis Public Ledger Print, 15 and 17 Union Street. 1884.

Medical Annuals of Baltimore, from 1608 to 1880, including Events, Men, and Literature, to which is added a Subject Index and Record of Public Services. By John R. Quinan, M. D., Mem. Med. and Chir. Fac., Md. Baltimore: Press of Isaac Friedenwald. 1884.

Removal of the Ovaries and Fallopian Tubes for Chronic Ovaritis, Ovarian Dysmenorrhea, Neuralgia, etc., and Recurrent Pelvic Inflammation. (Battey-Tait Operation.) Report of case by Thomas H. Hawkins. Reprint. Denver, Col.: Merchant Publishing Co. Print, 220 Sixteenth Street.

Bichloride of Methylene used in a Junker's Inhaler. By John H. McIntyre, A.M., M. D., Professor of Surgical Diseases of Women and Clinical Gynecology, College for Medical Practitioners. Reprint. October, 1883. St. Louis Medical Journal Publishing Company, 2622 Washington Avenue. 1883.

A Contribution to the Morbid Anatomy of Pons Lesions, including a Description of a descending Degeneration of the Stratum Intermedium. By Edward C. Spitzka, M. D., Professor of Neuro-Anatomy and Pathology at the New York Post-Graduate Medical School, etc. Reprint, November, 1883.

The Medical and Sanitary Administration of Atlantic Steamships, and The Position of Ship Surgeons. Being reprints from the British Medical Journal, The Lancet, Medical Press, Medical Times and Gazette, Daily Telegraph, Liverpool Mercury, Manchester Courier, The Graphic, etc. London: The British Medical Association, 161 A, Strand, W. C., March 20, 1883.

Legal Medicine. By Charles Meymott Tidy, M. B., F. C. S., Master of Surgery, Professor of Chemistry and of Forensic Medicine at the London Hospital; Official Analyst to the Home Office; Medical Officer of Health for Islington; Late Deputy Medical Officer of Health and Public Analyst for the City of London, etc. Volume iii. New York: William Wood & Co., 56 and 58 Lafayette Place. 1884.

The Cinchona Barks, Pharmacognostically Considered. By Friedrich A. Flückiger, Ph. D., Professor in the University of Strasburg, Germany, and Author of Pharmaceutical Chemistry. Translated from the original text, with some additional Notes, by Frederick B. Power, Ph. D., Professor of Pharmacy and Materia Medica in the University of Wisconsin. With eight lithographic plates and one woodcut. Philadelphia: P. Blakiston, Son & Co., No. 1012 Walnut Street. 1884.

The annual "output" of new graduates this year is estimated at something over four thousand. This will furnish plenty of material for the Board of Health "Spelling School," says the Peoria Medical Monthly.

Medical Societies.

SANITARY COUNCIL.

The third semi-annual meeting of the Kentucky State Sanitary Council (under the auspices of the State Board of Health) was held at Bardstown, Ky., on Wednesday and Thursday, March 26th and 27th.

The members were well received by the local profession and citizens. The meeting was largely attended and the proceedings were of such a character as to give impetus to the public health movement.

The first session was held on Wednesday night, in the court-house. Dr. Alex. Crawford, of Bardstown, Chairman of the Committee Arrangements, delivered an address of welcome to the delegates, which was answered in appropriate terms by the President of the Council, Dr. J. A. Dixon, of Burkesville. Following these addresses was an able paper on "Foods as Causes of Certain Classes of Diseases," by Dr. D. S. Reynolds, of Louisville. This paper gave rise to an animated discussion which lasted till the end of the session.

At the second session, Thursday morning: "Hygiene of Small Towns," by C. F. Troutman, Esq., was the first paper called.

In the absence of Mr. Troutman the paper was read by title, the discussion being led by the Secretary, Dr. J. N. McCormack, who handled the subject with characteristic skill, evincing perfect familiarity with the question. Drs. Reynolds, Holland, Harwood, Rodman, Caldwell, and Prof. Eddy participated in the discussion.

The following papers were read by title: Prevention of Contagious and Infectious Diseases, by Dr. P. C. Sutphin, of Canmer; Physical and other Dangers of Alcohol, by Dr. A. C. Wood, Owensboro; Evils of Tobacco, by Dr. R. M. Alexander, of Burkesville.

The last topic of this session was Bacillus Tuberculosis, by Dr. J. W. Holland. The speaker viewed the subject from a hygienic standpoint, and brought forward certain clinical observations which give much weight to the theory that phthisis may be transmitted from person to person through the medium of the sputum. This fact once proved, the management of phthisis becomes a hygienic question of the first importance, since no disease is so universally prevalent and fatal as consumption.

Dr. Holland made some practical suggestions as to the avoidance of close personal contact between the healthy and phthisical patients, ventilation of apartments where such patients are treated, destruction of the sputum, etc. Among the evidences of the contagiousness of the disease the speaker called attention to a series of significant clinical observations upon this point made by Dr. E. J. Kempf, of Ferdinand, Ind. These observations are embodied in a paper on the "Contagiousness of Phthisis," published in the Louisville Medical News, March 22, 1884.

Third session, Thursday afternoon: The first topic was Care of the Sick During Convalescence, by P. H. J. Greenwell, of Bardstown. In the speaker's opinion the medical profession does not as a rule give sufficient thought to the hygiene of convalescence, care for the case in most instances ending with the doctor's last visit. The paper gave rise to a general discussion.

The second topic was The Hygiene of Common Schools, by Prof. W. J. McConathy, of Louisville. The speaker's views were matured by long experience, and his paper will doubtless prove to be a document of great value to the superintendent of public instruction.

Prof. Tanner, of the Louisville Polytechnic, closed the afternoon session with a lecture, illustrated by experiments designed to show the facts of food adulterations and the means of detecting them. According to his statement, there is no article of food susceptible of it, some samples of which are not adulterated.

Third session, Thursday evening: The time was devoted to the reading and discussion of a paper on the Relation of the Press to Sanitary Reform, by Col. George Baber, editor of the Louisville Sunday Argus. This address was marked by great earnestness of sentiment and elegance of diction. Col. Baber was elected by a unanimous vote President of the Council for the ensuing six months, and in accepting the office pledged to the sanitary movement his own hearty support and that of the press of Kentucky.

The exercises of the evening, according to the programme, should have been closed by the paper of Dr. C. W. Crist, of Shepherdsville, on The Disposal of the Dead. Within a week of this meeting Dr. Crist's death was announced. His friends, who have been called to mourn his sudden demise, were startled on reading title of his proposed paper to see what subject must have engaged his latest thought.

Selections.

Disorders of Sleep in Syphilis.—There are two antagonistic disorders of sleep, either of which may occur in cerebral syphilis, but which have only been present in a small proportion of the cases that I have seen. Insomnia is more apt to be troublesome in the prodromic than in the later stages, and is only of significance when combined with other more characteristic symptoms. A peculiar somnolence is of much more determinate import. This may occur in non-specific lepto-meningitis, and in states of altered brain nutrition from senile or other degenerations of the walls of the cerebral vessels, and is therefore not pathognomonic of cerebral syphilis, yet of all the single phenomena of the latter disease it is the most characteristic. Its absence is of no import in the theory of an individual case.

As I have seen it, it occurs in two forms: In the one variety the patient sits all day long or lies in bed in a state of semi-stupor, indifferent to every thing, but capable of being aroused, answering questions slowly, imperfectly, and without complaint, but in an instant dropping off again into his quietude. In the other variety the sufferer may still be able to work, but often falls asleep while at his tasks, and especially toward evening has an irresistible desire to slumber, which leads him to pass, it may be, half of his time in sleep. This state of partial sleep may precede that of the more continuous stupor, or may pass off when an attack of hemiplegia seems to divert the symptoms. The mental phenomena in the more severe cases of somnolency are peculiar. The patient can be aroused, indeed in many instances he exists in a state of torpor rather than of sleep; when stirred up he thinks with extreme slowness, and may appear to have a form of aphasia; yet at intervals he may be endowed with a peculiar automatic activity, especially at night. Getting out of bed, wandering aimlessly and seemingly without knowledge of where he is, and unable to find his own bed, passing his excretions in a corner of the room, or in other similar place, not because he is unable to control his bladder and bowels, but because he believes that he is in a proper place for such act—he seems a restless automaton rather than a man.

Apathy and indifference are the characteristics of this state, and yet the patient will sometimes show excessive irritability when aroused, and will at other periods complain bitterly of pain in his head, or will groan as though suffering severely in the midst of his stupor, at a time, too, when he is not able to recognize the seat of the pain. I have seen a man with a vacant apathetic face, almost complete aphasia, persistent heaviness and stupor, arouse himself when the stir in the ward told him that the attending physician was present, and come forward in a dazed, highly pathetic manner, by signs and broken utterance begging for something to relieve his head. Huebner speaks of cases in which the irritability was such that the patient fought vigorously when aroused; this I have not seen.

This somnolent condition may last many weeks. Dr. T. Buzzard details the case of a man who, after a specific hemiplegia, lay silent and somnolent for a month, and yet finally recovered so completely as to win a rowing match on the Thames.

In its excessive development, syphilitic stupor puts on the symptoms of advanced brain softening, to which it is indeed often due. Of the two cases with fatal result of which I have notes, one at the autopsy was found to have symmetrical purulent breaking down of the anterior cerebral lobes; the other, softening of the right frontal and temporal lobes due to pressure of a gummatous tumor, and ending in a fatal apoplexy.

This close connection with cerebral softening explains the clinical fact that apoplectic hemorrhage is very apt to end the life in these cases of somnolent syphilis. Dr. Buzzard's case, given above, and others which might be cited prove, however, that a prolonged deep stupor in persons suffering from cerebral syphilis does prove the existence of extensive brain softening, and is not incompatible with subsequent complete recovery. As an element of prognosis it is of serious but not of fatal import.—*Dr. H. C. Wood, in the Maryland Medical Journal.*

Two Cases of Suppurative Nephritis. Dr. W. E. Hughes presented to the Philadelphia Pathological Society two cases of suppurative nephritis. (Maryland Medical Journal.) In both of these cases the kidney lesion had been preceded by cystitis, in one of some months standing, in the other of more recent origin. In both of them there was a history of gonorrhea, and in one well-marked symptoms of stricture of the urethra; in this case the cystitis seemed to have been originated by septic matter

carried into the bladder on a catheter, although a tendency to inflammation had most likely been developed by the long standing stricture. In one case the kidney lesion may have originated in emboli derived from a suppurating surface, though this is unlikely, from the fact that no such emboli were found elsewhere.

Case I. A man, aged fifty-five years, had locomotor ataxia for years. He had a gonorrhea, but following it no change from the normal in urination, so that it is scarcely probable that there was any stricture of the urethra. Six months ago, as the result of exposure, cystitis developed with the usual signs of frequent passage of urine containing large quantities of mucus and pus; there were no tube-casts and no more albumen than could be accounted for by the pus and corpuscles present. After being under observation about two months, large bedsores developed over the sacrum and trochanters; they soon induced a septicemic condition which rapidly produced death. At the autopsy the nerve lesions characteristic of locomotor ataxia were shown. The urinary bladder was dilated, its walls thickened, and its inner surface crossed in every direction by bands of hypertrophied muscular tissue, the mucous membrane thickened and slate colored. In the kidneys were numerous cone-shaped masses in which the tissue of the kidney was broken down and infiltrated with pus and the blood-vessels filled with micrococci. The remainder of the kidney tissue appeared healthy. There were no abnormal appearances about the pelvis and ureters.

Case II. A male, aged seventy-two years, had several attacks of gonorrhea and symptoms of urethral stricture lasting over thirty-two years. The stricture had been dilated several times, but during the six months before he came under observation it had been neglected and had begun to grow troublesome. When first seen his urine was normal, and there were no signs of cystitis. He had been failing in health for some time and was much troubled by a cough. Physical examination showed breaking down of the lung structure at the apices. A few days after coming under observation his nose bled so uncontrollably that it became necessary to plug his posterior nares. Soon after this, his stricture almost preventing the voiding of urine, a catheter was passed into the bladder. The next day he complained much of pain and tenderness in the region of the bladder, and the urine which was passed every few minutes contained large quantities of blood, pus, and mucus. The acute symptoms were soon relieved, but the urine continued loaded with mucus and pus, in fact it was often so stringy that it was only with the greatest difficulty that he could pass it. It never contained casts nor more albumen than would be expected where there was so much pus and blood. He died two months after he was first seen. The autopsy showed tuberculosis and disintegration of the pulmonary tissue. The kidneys were identical in appearance with those in Case I, with the addition that their pelves contained numerous particles of uric acid. The cavity of the bladder was small, its walls thickened and hypertrophied, the mucous membrane dark red, thickened, softened, and thrown into folds.

Dr. Tyson said the relation of bladder to kidney trouble was, as yet, pretty much guess work, although it is certain that in a prolonged cystic disease suppurative interstitial nephritis will sooner or later arise. But rarely can we state, from an examination of the urine, that renal disease has supervened. He happened, however, now to have under his care two cases of cystitis with renal disease, in which it was comparatively easy to determine the presence of the latter along with the former by reason of the presence of the compound granular cells and fatty tube-casts in addition to pus. The character of the casts pointed rather to tubular nephritis than to the interstitial form, contrary to the ordinary belief with regard to these cases.

The Danger of Turpeth Mineral as an Emetic.—Chiefly through the influence and very high encomiums of Dr. Fordyce Barker the yellow sulphate of mercury or turpeth mineral has come into very general use as an emetic in croup or threatened croup, and it is now perhaps more employed for this purpose than any other agent of its class. And certainly its effects are very satisfactory, as all must acknowledge who have had experience with it. So convinced was Dr. Barker of its importance and its harmlessness that he advised that powders of it should be kept on hand by families for immediate use upon the first appearance of symptoms without waiting for the arrival of a physician. Experience, however, has been accumulating of late to show that the agent is not so innocent as might appear, and that to intrust it in the manner suggested by Dr. Barker to the control of non-

medical persons is at least of questionable propriety. Drs. N. A. Randolph and A. E. Roussel (Medical News) report five cases in which, although emesis was produced by the second dose, a rather violent diarrhea attended by griping and constitutional depression followed in a few hours. The first stools contained the remedy, showing that notwithstanding the emesis some of it had remained for hours in contact with the intestinal surface. The diarrhea passed away under appropriate treatment. In one of the cases there was severe salivation. The same authors then refer to other cases reported, in which the turpeth mineral has caused dangerous and even fatal results, as two, by Dr. McPhedran, in children, where no emesis occurred, and a similar one in the Medical and Surgical Reporter. Stille gives two fatal cases from poisonous doses in adults, the symptoms produced being those of an irritant mercurial poison. The authors conclude from the facts adduced that other emetics are in general to be preferred, and that so dangerous an agent should not be entrusted to the laity.—*Maryland Medical Journal.*

Is a Life on Board Ship suitable for Invalids?—Dr. A. Hughes Bennett writes, in the Medical Times and Gazette: It is imagined that if a man is in any way ill or suffering from chronic disease, if his means permit he should be sent a voyage for the restoration of his health. I consider this, in the large majority of cases, to be as erroneous in theory as it is fatal in practice. It can be readily understood that an individual indisposed from overwork, nervous excitement, functional derangement, or other temporary affection, would be greatly benefited by a trip for a few weeks in a yacht or sailing vessel. All he requires for his recovery is change of air, scene, and society, with absence from occupation and care. Or a patient having become convalescent from a fever or acute disease might doubtless by such means be invigorated or even entirely reinstated in his former health. But that any one suffering from chronic disease, or from more than temporary or functional complaints, should make a ship his home for hygienic reasons appears as a rule to be most unsatisfactory, and generally proves most injurious to the condition and well-being of the patient.

The position will be best understood by an example. Let one of those cases specially supposed to derive benefit from a sea-voyage be taken, namely, one of incipient phthisis pulmonalis. Let every possible advantage be given him, and assume that he is on board a first class ship, supplied with every convenience and comfort, that he has an experienced surgeon to attend him, and wealth to procure every desirable luxury. What is his position? His field of action is limited to a ship. He has at his disposal, or probably shares with one or more other passengers, a cabin about eight feet by six in size, where he sleeps and dresses, and which constitutes his sanctum This is always so constructed that it is open on all sides in order to have free ventilation, and that the inmates may have as much fresh air as possible. During the voyage the patient is at all times liable to exposure of every kind, to sudden change of temperature and climate, extremes of heat and cold, damp and wet, wind and boisterous weather, sea-sickness, improper quality of food and drink, deficient exercise, etc., with out any means of regulating or diminishing the discomfort and misery attendant on all or any of these evils. In cold weather our consumptive has no means of keeping himself warm, and accordingly he is compelled to shut himself up in his cabin. Here he is either subjected to violent draughts, or, if he partly obviate these, he is obliged to breathe a close and contaminated atmosphere. If to avoid this he attempts, well clothed, to go on deck, he suddenly emerges into cold, bleak, damp winds, which will under no circumstances improve the condition of his cough or lungs. In hot weather he is exposed to the opposite extreme, and has no means of keeping himself cool, and, if his vessel be a steamer, the constant heat thrown out all over the ship by the enormous furnaces do not serve to enhance his comfort. This high temperature causes him to perspire freely, to become weak and languid, and to lose his appetite, all of which are of course very injurious to a phthisical patient. In temperate weather he is certainly more comfortable; but equable and agreeable weather for long together is not very common at sea, there being usually a tendency to wind, rain, and other phenomena, which, however bearable by a healthy man, prove very deleterious to the sick or diseased. The patient under these conditions will find it very difficult to avoid damp and wet. On deck this may arise from the constant exhalations from the ocean, from rain, spray, or a sea washing over the deck. If, in order to escape these, he retires to his

cabin, even in the best ships this will probably leak to a certain extent, and if made taut it will be close, damp, and disagreeable. In rough weather, for the same reason, he can not remain "above." "Below" he is miserable. While the ship is "knocking about," he can not walk or otherwise exercise himself; he is probably sick or nauseated, which prevents him taking nourishment for days or even weeks together, and the rolling of the vessel causes him to lose his sleep. It is not necessary to particularize more fully all the petty discomforts on shipboard, such as the shouting and noises at unseasonable hours—if in a steamer the constant vibration of the engines and the horrors of coaling at every port, the working of cargo, washing the decks at 4 A. M. every morning, restless nights due to crying children, occasional storms, and a host of other annoyances and troubles. These often cause an ordinary passenger to realize that the poetical idea of "a life on the ocean wave" has perhaps been somewhat overrated.

Under these circumstances the surgeon is called in. Let us assume him to be skillful and attentive. The means of relief at his command are, however, both limited in quantity and defective in kind. On an emergency, general attendance in the shape of an experienced nurse is wanting. The food must of necessity be more abundant than delicate in quality, and all the little luxuries, and even necessaries, which an invalid requires, such as milk, fresh eggs, etc., are always difficult or even impossible to procure. Added to all these discomforts, there is a monotony about a life at sea, a want of employment for both mind and body, which must be greatly to the disadvantage of any patient. He has little or no resources, and of those few at his command he soon wearies. He feels unsettled and uncomfortable, he longs for home faces and comforts, and this *ennui* becomes a serious addition to his already existing malady.

These unfavorable conditions are not peculiar to any vessel or class of vessels, but are inherent and unavoidable in a life at sea, of whatever size, kind, or quality the ship may be. If those enumerated above are a few of the drawbacks attendant upon vessels of the highest class, the position is not improved in those of a second or third-rate order. What it is desired most particularly to point out is, that while all these annoyances and deficiencies may be bearable and even acceptable to the healthy, they are fatal to the comfort, happiness, and recovery of the sick or diseased.

I only endeavor to record without prejudice what was ascertained by my own personal observation and experience. Having had to treat many cases of pulmonary, cardiac, hepatic, and other diseases on board ship, and consequently having had ample opportunities of appreciating the difficulties attendant thereon, I have to come to the conclusion that patients requiring the usual accompaniments and necessaries of the sick-room are entirely out of place at sea, and that those suffering from any serious or organic disease are likely to receive more harm than good in submitting themselves to a ship's discomforts. It will be urged, that many persons have greatly profited, and have even completely recovered, by taking a long sea voyage. It is granted that under certain circumstances, in special climates and temperatures, at selected seasons of the year, some patients may have been benefited; but it is maintained that this is the exception, as prolonged favorable surroundings are unusual on board ship. On the other hand, I have repeatedly seen persons whose symptoms became worse the moment they were exposed to a sea life, and whose premature death on board was, I believe, in great part owing to the peculiar circumstances in which they were placed.

To sum up, I believe that persons suffering from overwork, temporary ailments, and functional diseases, as well as convalescents, may derive benefit from a short trip to sea, in a good climate and at a seasonable time of the year. But I am strongly of opinion that invalids, properly so called, afflicted with organic disease, are in the great majority of cases rather injured than improved by a life on board ship, and that the physician should be very careful in recommending his patient to encounter the hardships of the sea.

FORCED RESPIRATION IN PHTHISIS.—Dr. J. Solis Cohen has been favored by his friend, Dr. John C. Berry, of Okayama, with the following summary of an article on Forced Respiration, by Dr. Kashimura Seitoku, of Tokiyo, from the *Koi Geppo:*

Reference is first made to the prevalence of the disease in Japan (twenty-four per cent of all the deaths being due to consumption of the lungs); on the importance of treating the disease early ("beneficial effects only following *early* treatment"), and the uselessness of much of the treatment

now generally advised. "Creasote, benzoate of soda, salicylate of soda, etc., are all quite useless," "while cod-liver oil and malt, iron and malt, and tonics generally, are of little or no use."

"The plan I propose requires no medicines, no apparatus, no money, no physician, no nurse." . . . "It is simply to observe forced respiration twice daily, breathing about one hundred times at each exercise, and compressing and expanding the chest walls, after the method of Gerhart." During this exercise, the arm corresponding to the sound lung should be pressed against *its* side, while that corresponding to the side of the diseased lung should be extended high above the head during respiration, and lowered and pressed firmly against the side and front of the chest during expiration."

"Instead of the above, the author first adopted the plan of having the patient swing heavy weights, but as this frequently gave rise to hemorrhage it was abandoned for the more moderate and efficient exercise above referred to. The swinging of weights, however, is thought to possess advantages, if not too vigorously observed.

"In contraction of the lung from pleuritis, the position in sleep should be *on* the *well* side—the diseased lung thus being placed uppermost in order to admit the air freely."

Two illustrative cases are then given.—*Philadelphia Polyclinic.*

Fat Embolism as Cause of Sudden Death During the Administration of Chloroform.—A case of sudden death during chloroform narcosis in the service of a Berlin hospital emphasizes a possible cause of death complicating the risks of this anesthetic, which must seriously add to the already sufficient perplexities of the surgeon. A stout laboring man was chloroformed for the purpose of treating a fracture of the neck of the femur. After inhalation of three drams and before yielding fully to the drug the patient suddenly ceased to breathe, the heart also almost immediately ceased to beat. All attempts to re-establish the respiration failed. At the post mortem it was found that the lung capillaries were filled with fat globules, thus being rendered impermeable to the blood.

The subject of fat embolism has already been treated of in this journal in connection with the internal dyspnea sometimes appearing as a fatal symptom in diabetes. The blood in diabetic patients sometimes contains an unusual amount of fat. In the cases of deep, double dyspnea and coma ending fatally, there has been found this lipemic condition generally, while the minute pulmonary vessels and capillaries, and to a less extent those of the kidneys and other organs, contain fat emboli. Extensive contusions of the subcutaneous fatty tissue, or fractures of the articular extremities of bones, through direct absorption of the liquid fat set free, may give rise to embolism.

It is an interesting question how far the presence of chloroform or ether in the blood may facilitate this absorption of fat and thereby cause sudden death independent of any toxic action, such as is generally inferred.—*St. Louis Courier of Medicine.*

Conium in Malarial Disease.—Richard C. Newton states that he has frequently used the following prescription in the treatment of malarial disease:

℞ Ext. conii fl., ... ℥x;
Ferri peroxid., ... ℥iij;
Sp'ts vin. Gal., ... ℥iss;
Quin. sulph., ... ℥ss;
Syr. simp., ... ℥iij;
Ol. menth. pip., ... ℥iij.

M. Sig: One dram every four hours; then every two hours for two or three doses; then every four hours.

To children it has been given very successfully, by doubling the amount of syrup.

He says the prescription was given him by Mr. F. O. Vaille, of Denver, Col., who had it from his father, the late Dr. Vaille, of Springfield, Mass. The remedy has a high degree of local popularity as "Vaille's medicine." Dr. Newton finds it "a mild laxative, diaphoretic and tonic. Its quieting and soothing effects differ widely from the disturbance often occasioned by quinine." He regards it as a safer remedy than Warburg's tincture.—*Medical Record.*

ARMY MEDICAL INTELLIGENCE.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U.S.A., from March 23, 1884, to March 29, 1884.

Hammond, John F., Colonel and Surgeon, now in New York City on sick leave of absence, will after the expiration of his sick leave, await orders in that city. (Par. 8, S. O. 70, A. G. O., March 26, 1884.) *Gandy, Charles M.*, First Lieutenant and Assistant Surgeon assigned to duty at Fort Brady, Mich., as First Surgeon. (Par. 6, S. O. 56, Hdqr's Dept. of the East, March 22, 1884.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, APRIL 12, 1884.

Original.

THE PRESS AND SANITARY WORK.*

BY GEORGE BABER.

The press is at once an obedient servant and a master by power. It serves every where the common weal, and is the greatest foe of public wrong. Its influence embraces the scope of civilization. Its relations are as numerous as human wants. Wherever felt, it awakens thought and arouses action; it fosters progress and aids reform; it develops opinion, inspires effort, and directs each movement of the State. It is a patron of science, a champion of law, and the vital factor in every benevolent work. It seems befitting, therefore, on occasion like this, that some words should be kindly uttered for the press.

The work which engages this Sanitary Council involves the appliances of science, the authority of law, and the aims of popular beneficence. It is the problem of the State's supervision of the public health. This problem, in its practical form, though comparatively new in Kentucky, has been surely coming to the front. It is superior, in fact, to every issue in politics, and above all cunning of the statesman's craft. It concerns every citizen's hearth-stone and home. In 1868 the first step was made to organize sanitary work in the State, but its progress has been rapid and great. It is hailed already as a crowning merit; it has awakened the zeal of the medical profession; it has won the sympathy of the people; it has secured substantial though inadequate assistance from legislation; it has produced this enlightened body, and enlisted the support of the press. The latest experiments in the solution of this problem have magnified the value of sanitation, and justified the prophecy of the learned Henry I. Bowditch, who said: "This business of governmental attention to public health is to be one of the great labors of the coming centuries in all civilized countries." To this great labor the press must always bear an essential relationship. It can vitalize, or it may destroy; it can build up, or it may tear down the cause. Its relation to the work in Kentucky should be that of encouragement to every faithful participant. It should uphold the State Board of Health and co-operate with this Sanitary Council. The cultivation of a healthy public sentiment on this subject is as necessary as the use of disinfectants to purify the atmosphere. The best undertakings are often assailed by the malaria of prejudice—a poison that has frequently proved fatal to plans that would otherwise become vigorous, thrifty and blessingful to mankind. Kentucky has too much of this poisonous air. It dwarfs personal endeavor; it deters public enterprise; it hurts the whole State; it keeps Kentucky lagging in the march of progress. In this condition of affairs, the press finds a great duty to perform, and its health-giving influence should be bravely applied to the task. The prejudice which ignorance has arrayed against sanitary reform must be driven away by its power.

The work now done in the organization of sanitary boards in Kentucky is mainly the result of personal efforts. In one hundred and nine of one hundred and seventeen counties, local boards have been formed under the auspices of the State Board of Health, but the aid from the State itself has been small. In some of these boards the element of usefulness, in others the spirit of indifference, prevails. In the best, as in all of them, there is need of encouragement and light. The advancement of the past decade has still left ample room for the de-

*A paper read before the Sanitary Council of Kentucky at Bardstown, March 17, 1884.

velopment of popular sentiment and for awakening public thought on the subject. This task remains to the press. It constitutes, in fact, its principal relationship to sanitary work in Kentucky.

In regard to this, as to every other public work, the duty of criticism is important. The newspaper can not ignore it. Criticism, however, should be thoughtful and timely, lest it be simply hurtful; nor should it exclude that noble sense of justice which appreciates honest effort whether successful or not. The faithful physician who devotes to this reform both time and labor can not be infallible, and deserves generous treatment from the press. He is entitled to its aid. His faults need not be magnified, but his merits should be given that hearty recognition which dignifies the giver and fills the recipient with strength and joy. It may be said, just here, that no vocation among men does so much unpaid toil of hand and of brain as the medical profession. Its good deeds are done wherever human suffering is seen. The ravages of flood and of storm, the relentless epidemic, the casualties of river and of rail, the wounds of battle-fields, the sick of the hospital and of the hut, alike command the service which is ofttimes given for neither charge nor pay. It is the good Samaritan among vocations. It is the poorest-paid teacher of the race. In fact, it is that profession "whence comes the skill and wisdom to apply to the myriad uses of man the laws of nature, which tames the fiery spirit of the air and transforms into faithful and unwearying servants the blind, unreasoning forces of the earth." The press is the natural ally of such a profession. It is its brother in humanity's cause. It is the link that binds it to the welfare of the State. The press, therefore, must be employed to remove the obstructions to sanitary reform, honoring at once the workers and the work. Legislators and governors feel its influence and are moved by its power. Thomas Carlyle, the famous author, perceived this fact when he quaintly said: "Great governors, clad in purple with *fasces* and insignia, are governed by their valets, by the poutings of their women and children—or, in constitutional countries, by the paragraphs of their able editors." And, in portraying the effect of organized popular thought when directed by the press in favor of great reforms, the same immortal writer said: "Ever louder rises the plaint of such a multitude into a universal, continual peal of what they call public opinion. What king or convention can withstand it?" Public opinion is the formulated power of the press, and its potent influence is needed for the cause of sanitary reform in Kentucky.

Historical evidences show that sanitary science and the printer's art are alike hoary with age. One thousand years have elapsed since the art of printing, ante-dating the crude contrivances of the German, Gutenberg, was discovered in Japan, where, in the eighth century, it was originated by a woman, the Empress Ghyantoka, and hid for centuries among the mysteries of the ancient kingdom. But sanitary science is older than the press. It is older even than Esculapius, the founder of the healing art, whose gifted sons were the physicians of Homer. Though it be true that proper methods of ventilation are comparatively new in America, yet, we are told that experiments at the Pyramids in Egypt show that "those Egyptian tombs were ventilated in the most perfect and scientific manner." Near three centuries ago, sanitary appliances were well defined and conspicuously useful in Britain. To the sanitary police, controlled by the Royal Society of England's capital, in restricting the plague of 1665 and in suppressing the conflagration that enveloped London in 1666, Macaulay has ascribed "the changes which, though far short of what the public welfare required, yet made wide differences between the new and the old London, and probably put a final close to the ravages of the pestilence."

The importance of sanitary law has had an uncertain growth since the conception of medical science first dawned on the genius of Hippocrates and Galen. Its pathway has been up and down through the vicissitudes of a hard struggle for recognition. It has verified a memorable axiom of Rudolph Von Ihring, who pertinently said: "All in the world has been obtained by strife; every principle of law which obtains had first to be wrung by force from those who denied it." It would seem that Kentucky should be foremost in this struggle for sanitary reform. The State is rich in the annals of the medical profession. It has ever been a prominent seat of medical lore. Within its limits, at Lexington, was established the first medical school west of the Alleghanies. The State has given to the profession many of its brightest names. McDowell and Dudley, Brashear and Briggs, Yandell and Gross, Miller, Holland, and Bell, have illumined Kentucky's medical fame, and their

example should inspire with zeal the courageous men who are giving now both time and labor to sanitary work. The work is vital to the State. Difficulties are in its way, but they are not insurmountable. They will yield before the progressive spirit that fills and impels the present generation of Kentuckians. The croakers must stand aside. They should not have one inch of room. The atmosphere of the State is uncongenial to the impracticable vagaries of Herbert Spencer on the subject. Kentucky must be true to the names of her great sons, and up with the strides of her sister States. A general board of health and a system of sanitary reform must be maintained liberally by the State. Perfection in the work can not be reached at once. It is necessarily a gradual growth, and the mission of this Council is wisely and patiently looking to the end. The future conquests of medicine, despite the antiquity of the science, are destined to exceed the achievements of the past. The profession looks forward to an ever brightening future. Its discoveries can be limited only by the domain of human thought, and the day will come when, fulfilling the prophecy of Sir James Y. Simpson, the followers of Esculapius "shall be familiar with the chemistry of most diseases; when they shall know the exact organic poisons that produce them, with all their exact antidotes and eliminations; when they shall look upon the cure of some maladies as simply a series of chemical problems and formulas; when medical men shall be able to stay the ravages of tubercle, blow out fevers and inflammations, avert and melt down morbid growths, cure cancers, destroy all morbific growths and ferments, annul the deadly influence of malaria, and by these and various other means lengthen out the average duration of human life."

Kentucky presents a varied field for sanitary reform. The water-courses that bind the State's extensive border; the recurrent floods that overflow our towns, devastate fields and imperil human life; the increasing number of our prisons and their inmates; the care of our asylums for the deaf, the blind, the feeble-minded, and the insane; the growing needs of our cities in reference to systems of sewerage and drains; the expanding populations that occupy districts which actually harbor contagion and malaria—each and all of these, in their relation to medical science, afford to the Kentucky student of sanitation exhaustless opportunities for investigation, for study, and for work. The progressive press of the State is awakening more and more to these great facts. It perceives the broad field they offer to the devotees of sanitary science. It hails with pride the deliberations of this Council. It is ready to assail with destructive force the obstacles that oppose it, and to you may be safely pledged, to-day, its generous aid in putting Kentucky foremost in the cause of sanitary reform.

LOUISVILLE, KY.

Miscellany.

GROG.—"Get me a stupe of liquor," says Grave Digger No. 1 to Grave Digger No. 2, in Hamlet. We remember once to have heard a fine actor render it thus: "Get me a flagon of grog." This reading must have been given without the warrant of any authorized edition of Shakespeare's plays, for we are sure that the poet would never have suffered a drop of grog to go down the throat of his witty and clever digger. Relative to the grog of England, the Medical Press and Circular says:

Some very shocking details of the way in which publicans treat their customers were recently brought to light at an inquest held on the body of an unfortunate woman whose death was attributed to over-indulgence in a villainous compound known as "grog." This horrible concoction was stated by a witness, to whom, also, its qualities as a beverage had commended it, to consist of an admixture of drippings and overflow from all the taps in a public-house bar. These, it appears, are all gathered together in one vessel, and then sold at sixpence a quart to whoever is weak enough—or mad enough to ask for it. It is terrible to conceive the effects such a mixture must produce on those who habitually drink it; and how seriously it can undermine the health is proved by the statement of the coroner who conducted the inquiry already referred to, and who declared that this was the fourth victim of "grog" in connection with whose decease he had, within a short period, been called on to hold an investigation.

CREMATION IN ENGLAND.—The decision having recently been made by an English court, that the disposal of the dead by cremation, if conducted without nuisance to the living, is not in itself an illegal act, The Cremation Society of England has taken

heart. In a recently issued circular the Society states its readiness to dispose of bodies under the following conditions:

1. An application in writing must be made by the friends or executors of the deceased—unless it has been made by the deceased person himself during life—stating that it was the wish of the deceased to be cremated after death.

2. A certificate must be sent in by one qualified medical man at least, who attended the deceased until the time of death, unhesitatingly stating that the cause of death was natural, and what that cause was.

3. If no medical man attended during the illness, an autopsy must be made by a medical officer appointed by the Society or no cremation can take place.

Rue de Darwin.—It is worthy of record, as a sign of the spirit animating modern conceptions of scientific merit, how the name of Darwin has been honored in Paris in a way that our French neighbors may be deservedly complimented on. A proposal having been made to name a principal street in the French capital after the immortal evolutionist, it was met with immediate approval by the authorities, and henceforth the Rue de Darwin will testify to foreigners that appreciation of merit can be extended in France even to those who are not claimed as sons of the soil on which the memorials to them have been raised.—*Medical Press and Circular.*

Female Medical Students.—It is stated that all the female medical students in St. Petersburg, a class from which a daily contemporary states many redoubtable members of the nihilist party have emanated, have just been compelled to take up their residence in a large boarding establishment, provided by the authorities, under the superintendence of Princess Shakafskey, instead of being free as heretofore to live where they please. They are to pay ten roubles per month for board and lodging, and be at home before 9 o'clock in the evening, under penalty of exclusion from the medical course. *Medical Times and Gazette.*

"Rock and Rye."—It is reported that an effort will be made to prohibit the manufacture and sale of "rock and rye" candy in Brooklyn. The superintendent of the Society for the Prevention of Cruelty to Children has represented to the Health Commissioner that its effects on children who use large quantities of the candy are pernicious.

[In this part of the world "*Rock*" is commonly prescribed for children, and seems to have a soothing effect upon them when they are restless. "*Rye*" is usually indulged in by the older people. We should suppose that in the case of children "Rock and Rye" would be incompatible, though in older people they sometimes go tolerably well together.]

Three Remarkable Prescriptions.—According to the British Medical Journal, the following prescription was sent to a druggist "in America": "Gumm camfor, I ownze; lodnom, I ownze; kloryforme, I ownze; oil sassyfras, I ownze." Also this: "Surip of squills, parygaric, oyl of amonds, bolsom pavia, swet sperrit nighter. Give baror a cannl (calomel) powder for agrone persien." A correspondent of the "Lancet" writes a prescription as follows: "℞ Infusi foliorum recentium saxifragæ, ℥ iii. [Faciat, ex aquâ calidâ, xcviii. ° Fahr., per horas sex; foliorum i., aquæ x.] Glycerini, ℥i. Misce. Fiat injectionem, ut bis die utendum."—*New York Medical Journal.*

At the annual meeting of the New York Neurological Society, held April 1, 1884, the following officers were elected for the ensuing year: President, William J. Morton, M.D.; First Vice-President, C. L. Dana, M.D.; Second Vice-President, George W. Jacoby, M.D.; Recording Secretary, E. C. Wendt, M.D.; Corresponding Secretary, W. M. Leszynsky, M. D.; Treasurer, E. C. Harwood, M.D. Councillors: E. C. Leguin, M.D., L. Weber, M.D., T. A. McBride, M.D., W. R. Birdsall, M.D., Graeme M. Hammond, M.D.

A boy, aged eleven years, died recently at Tottenham from hydrophobia occasioned by the bite of a dog in October last. The wound, which was in the thumb, healed quickly after it had been poulticed, and no untoward symptoms manifested themselves until a day or two before the boy's death, nearly five months after the occurrence.—*Medical Press and Circular.*

We note, among the "tricks of trade" which have recently come to light, the filling of ginseng-root with lead. The value of ginseng being about fifty times as much as lead, there would seem to be a temporary profit to somebody.—*Pharmaceutical Record.*

KAIRIN.—In the *Centralb. für die Med. Wiss.* are summarized L. von Hoffer's observations on the action of kairin muriate in the reduction of temperature. It was given in pleurisy, pericarditis, pneumonia, typhoid, intermittent fever, acute rheumatism, and tuberculosis. The judgment is not a favorable one, the drug being regarded as uncertain in its action. In one case of intermittent fever, the attacks were prevented; in another, they were only postponed some hours. The action of the drug was equally inconstant in pneumonia; and von Hoffer could not indorse Filehne's encomium; on the contrary, the patients were much disturbed by the strong rigors and sweats. As to tuberculosis, the drug was contra-indicated, since the temperature was only temporarily lowered by it, and rose still higher than before after its discontinuance, with the addition of profuse sweats, increased chilliness, rigors, and collapse. In only two of the typhoid cases was there a favorable influence upon the temperature and the general fever-course. Von Hoffer repeats the observations of others, that even after continued administration of kairin the temperature often rose, on leaving it off, as high as or higher than before, and in many cases it remained somewhat lower, or alternated. The rigors often accompanied a sudden rise of temperature, but they also appeared when the temperature was high, if the kairin was given at regular intervals. As to sweating, it occurred not only during lowering of the fever, but often during the whole duration of the exhibition of the drug. Among other disagreeable effects are cyanosis, even after fifteen grains only, and a burning sensation in the nose and forehead, not constant. A bad effect on the digestive tract was never observed. The author recommends caution in using kairin upon feeble subjects.—*British Medical Journal.*

CHOLERA NEWS.—It is stated that none of the Egyptian pilgrims were attacked by cholera at Mecca during the late pilgrimage. The first victims attacked were Turkish soldiers of the guard, at Muna, where the disease was first observed. No cholera was observed in Mecca during the sojourn of the pilgrims there before proceeding to Muna for the sacrifice, but on their return from Muna to Mecca the disease showed itself also at the latter place. No cases of cholera nor "suspected cases" were observed at Camaran among the Indian or other pilgrims, who performed quarantine there before being allowed to disembark at Jedda to proceed to Mecca. The unsanitary condition of Mecca and Muna, at the time of the sacrifice, is reported to have been, as usual, bad beyond description. The present increase in mortality from cholera in the town of Bombay is attributed to interruption of the water-supply, by an accident to the main conduit, necessitating recourse for some time to the water of wells and tanks. The cases are reported by the health officer to have occurred in quarters of the town where the wells were particularly objectionable. The Egyptian Quarantine Board, however, regard it as a fresh epidemic outbreak, and have imposed quarantine, their *ne plus ultra* of security, though many of the members must be intelligent enough to know that it is like putting up an iron grating to keep out musquitoes, that it only prevents the employment of better and more efficacious means.—*British Medical Journal.*

THE cattle disease in Kansas, which at the time of our last issue was supposed to be foot and mouth disease, seems now to be a gangrenous affection of the feet, due to admixture of spurred rye with the feed. The State Assembly has passed a bill establishing the office of State Veterinary Surgeon.—*New York Medical Journal.*

"ROUGH ON RATS" is reported to have been the cause of an infant's death in North Carolina last week, having been administered with criminal intent by the child's nurse. It will be remembered that in our last issue we chronicled the poisoning of a New Jersey family with this preparation.

A VALUABLE and rare work entitled "Speculum Matricis," written by Woolveridge, and published in Dublin in 1670, the property of Dr. Fordyce Barker, has disappeared with the man who was employed to copy it. As it is supposed to be the only copy extant, the profession is requested to look out for the work.

YELLOW FEVER.—Information is said to have reached San Francisco that yellow fever had broken out on board the United States steamer Iroquois, on the way to Alaska.

AMONG the fishes most commonly eaten, the cod is poorest in total solid matter, in albuminous compounds, and in fat.—*Medical Press and Circular.*

The Louisville Medical News.

Vol. XVII. SATURDAY, APRIL 12, 1884. No. 15

H. A. COTTELL, M. D., - - - - - - - Editor.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

PREPARATORY STUDY FOR MEDICINE.

The following resolutions were adopted by a unanimous vote at the meeting of Trumbull County (Ohio) Medical Society, held January 31, 1884:

TO REGULATE THE STUDY OF MEDICINE.

Resolved, That this Medical Society shall annually elect a Board of Medical Examiners, to consist of three members, whose duty shall be to examine applicants for admission to the study of medicine.

Resolved, That all applicants for admission as students of medicine under the tuition of members of this society shall present themselves before the Board of Medical Examiners and satisfactorily pass examination in the following requirements:

"1. A written statement, previously prepared, setting forth the candidate's course of study.

"2. An Essay.

"3. Writing from dictation.

"4. Spelling, Oral and Written.

"5. Reading.

"6. Geography, Descriptive, Physical.

"7. Political Economy.

"8. History, Ancient, Modern.

"9. Geology.

"10. Botany.

"11. Chemistry.

"12. Natural Philosophy.

"13. Mathematics: Arithmetic complete; Algebra, through quadratic equations; Geometry, through plane geometry.

"14. Languages: English, standard school edition of English Grammar. Latin, Cæsar's Com., 4; Virgil, 4; Cicero's Orations, 2. Greek, the Reader; Gospels; Xenophon's Anabasis, 2."

Candidates for examination may elect in French Keetle's Collegiate Course in French, Composition, Translation and Reading, and Lacombe's History of the French people, instead of Cæsar's Com., Virgil, and Cicero's Orations; and in German, Whitney's German Grammar, Composition, Translation and Reading, Schiller's Willhelm Tell and Goethe's Faust, instead of the Greek Reader, Gospels, and Xenophon's Anabasis. But such elementary knowledge of Latin and Greek will be required as to enable the candidate to intelligently comprehend the etymology of medical terms derived therefrom.

Resolved, That no member of this society shall receive any person as a student of medicine unless he presents a favorable certificate from the Board of Medical Examiners.

Resolved, That the time of study required by members of this society shall be five (5) years, including lectures.

Resolved, That members of this society shall recommend their students to attend only such medical colleges as either require an examination for admission similar to the one required by this society, or make the full three years' graded course of study obligatory for graduation therefrom, and otherwise endeavor to elevate the standard of medical education.

Resolved, That this society requests the Ohio State Medical Society to adopt the foregoing schedule of requirements, and to use its influence to secure legislation making the same obligatory upon persons entering their names as students of medicine in the State of Ohio.

Resolved, That these resolutions be printed, and a copy sent to each medical society in this State, with the request that they early report their action thereon.

That portion of the above schedule of subjects for examination within quotation marks was laid down in a resolution by the Medical Society of the State of Pennsylvania, in 1878, and adopted by that association at their annual meeting in Norristown, Pa., in May, 1883.

The question of reform in medical teaching is just now, and with good reason, under agitation. The long sleep of the American College Association, and the lapse of certain schools from rectitude so soon as the influence of this body ceased to be felt, with the steady increase of quackery on every hand, have brought about a thorough canvass of this question among the members of the profession at large. Boards of health in several of the States have made their domains unsanitary for quacks, medical examining boards have been appointed by various legislative bodies to stand between

the people and ignorant pretenders, and medical societies have been memorialized by enthusiastic reformers, with results which may at least be considered as the harbingers of better times.

While the main divisions of the grand army of doctors are engaged in an ever-deepening struggle with disease, certain forces have been detailed for reform duty, and if we leave out of the account the medical schools, which seem just now to be resting after an unsuccessful attack upon the enemy, these detachments appear to be marshaled in three divisions: The State examining boards, who picket the outposts and challenge the imposters, stragglers, and spies who, without countersign or passport, are trying to steal into the camp; the boards of health, who are seeking to hold at bay all those whose passports are not stamped with the seal of recognized authority, and the medical societies, who insist upon a rigid recruiting service, with the rejection of all candidates who have not the essential prerequisites of the good soldier.

Those who have the honor of medicine at heart will certainly count this an healthful indication, and take comfort in the thought that the present reformers are men whose position will not allow of their being influenced by selfish or sinister motives.

That good has already come of this agitation is evident, and that some reform in medical education may be possible in the near future is not an unreasonable hope.

But with all due respect to the gentlemen concerned, and with full sympathy for the spirit of which it is the outcome, we must beg leave to suggest that our Trumbull friends in the above schedule have pitched their tune in somewhat too high a key. Indeed, we doubt, if out from under the shadow of our universities and best colleges young men could be found with qualifications which, under the above resolution, would allow of their entering as even office students in medicine. And when found, it is doubtful if more than a very small percentage of them would be possessed of the true prerequisites of a first-class medical student. Greek, Latin, and the higher mathematics, while very good in themselves, can not be made in any way to do duty as a substitute for brains, nor is the ability to attain proficiency in these studies any warrant that the student has a head for medicine.

What the American people want to-day is not ripe scholars and profound philosophers, but good doctors, and to gain this end students must be selected with a special view to their fitness for this particular work. That discipline of mind on the part of the candidate is necessary will be conceded, and that a preliminary education adapted to such mental training should be expected of the young man who seeks the degree is certainly fit; but there is no person outside of a narrow circle of enthusiasts who would pretend to say that the ability to read Xenophon and the Gospels, Cæsar, Virgil, and Cicero in the original, to balance quadratic equations, to draw geometric figures, or to make a differential diagnosis between the upper and the lower silurian formations can be regarded as necessary preliminaries to the study of medicine. In fact these studies, while useful in their way, touch medicine at but few points, while as exercises for mental discipline, at least such discipline as medicine requires, they are far inferior to botany, biology, or the works of our best English philosophical writers. Go among the successful medical practitioners and writers of our time, and you will not find one in fifty who can read even the ancient classic *medical* writers. So far from being able to understand the Greek and Latin secular authors, they could not construe a sentence of Hippocrates or Celsus, while such Latin and Greek as now and then finds its way into the writings of many of them consists merely of hackneyed quotations which may be found in the appendix of Webster's Dictionary or in labor-saving books of like character, where the quotations are alphabetically arranged with the English rendering placed conveniently opposite each learned text. So transparent is this attempt at display in learning that

the writer who indulges in it at once incurs the imputation of affectation and pedantry. When we come to consider French and German, it may be said that for one who aspires to be an author some knowledge of these tongues is useful, since much valuable scientific and medical literature, not yet translated, may be found in the French and German. Our best authors, therefore, show a familiarity with one or the other of these languages, seldom of both; but it will be found with most of them that they went into and came out of medical schools without these accomplishments, acquiring them afterward, when the necessities of their work demanded such special study.

These remarks, however, apply only to those who ply the vocation of authors, and must therefore avail themselves of all existing medical lore in order to do full justice to the subjects upon which they are called to write. For the rank and file of the guild these languages are merely a means of culture or amusement; for no essential point in the way of discovery or improvement in medicine ever comes to light in foreign lands which is not immediately translated and put before the profession by the English and American medical journals. The notion that linguistic lore must form an essential part of a liberal education is a medieval relic, a remnant of that dense fog through which the schoolmen groped to find their way. It is now a big cloud in the scholastic sky, which in the eyes of some would seem to grow apace; but if it expands it must lose in density, and the day of its vanishing is thus brought near. In those days the vernacular of the European nations was in transition, and men dared not trust it as a conservator of their thoughts. What knowledge there was was locked up in the Greek and Latin, and the first prerequisite of any thing like an education was the mastery of these tongues.

To-day all that the ancients knew can be had in perfect translation with comments and explanatory notes of a full and exhaustive character, so that a man who knows well his mother-tongue can be master of the best thought of all the ages. Even in literature the translator has been able to give us every thing save the music and subtle word-witchery of the poets, and here there is no need for any except the artist in letters to work upon the ancient tongues.

Discipline and broad culture are, however, put forward as a plea for a general study of the old classics. But this is clearly the last refuge of the pedant. Did Æschylus and Sophocles write with less grace of diction or think with less power because of their lack of familiarity with the Sanscrit, the Phenician, Hebrew, and Egyptian tongues? Were Plato and Aristotle any less refined or far-seeing because they knew Greek and Greek only? Did Hippocrates' want of linguistic lore make him any less an original investigator or graceful writer, or render any less valid his title to immortal fame? Can it be proved that Galen's knowledge of Latin gave to his medicine or his Greek any essential worth? And standing first among the world's writers and thinkers, do not these men prove, by their wonderful works in literature and philosophy, that high culture and perfect discipline of mind may be had through the medium of one great language?

Coming, then, to the men who are to be the physicians of the rising generation, what should be asked of them on entering the study of medicine? Certainly not such learning as is possessed only by the specialist in letters; certainly not such store of knowledge as belongs only to the natural philosopher; but a good English education, with a rudimentary knowledge only of mathematics and such branches of science as may lead readily to a mastery of the higher problems of medicine.

Geography will afford a better means of preparation for the mastery of anatomy than all the Greek grammars and authors outside of Zululand. Botany is better than Latin for him who would wander wisely adown the flowery way of physiology; a mastery of Bacon, Locke, or Franklin, will put his mind in better shape for the com-

prehension of the principles of medicine than can the reading of Goethe, Schiller or Lacombe. A knowledge of a few very simple rules in measurements, some practical experience in mechanics, and a fair share of common sense will serve him a far better turn than geometry or quadratic equations in dealing with the problems of obstetrics and surgery, while the Sermon on the Mount (English translation), Shakespeare, Burns, Wordsworth, Tennyson, and Longfellow will give him a far better conception of the problem of life, and his peculiar relation as a man and a doctor to his environment, than can be had through the mastery of the best college curriculum in Christendom.

Far be it from us to say aught against liberal education, or to hint that culture is not a most desirable quality in the physician, but we can not do otherwise than point out the injustice which would be done to many talented and worthy young men by requiring them on entering the study of medicine to pass a preliminary examination more rigid than that demanded by the ministry or law.

That our friends of Trumbull County are moving in the right direction can not be questioned. The place above all places for the beginning of reform is in the doctor's office, the doors of which should be shut to unworthy and unpromising applicants. But if the above schedule of minor requirements were carried out, it is certain that, with the exception possibly of those in Ohio and Pennsylvania, many counties in all the States would have to send abroad for competent examiners. And when the board had been got together and some would-be student had been found with back-bone enough to support the weight of his accomplishments, where could he find a master who would dare to assume the responsibility of his training? Outside of Trumbull County (and sage Pennsylvania) not one doctor in a hundred could be found who would be worthy to unloose the latchet of his shoes, and how could he invite such a disciple to a humble place at his feet?

TREMENDOUS LEARNING.

Dr. Clifford Allbutt, F. R. C. P., F. R. S., in a recent lecture upon Dyspepsia, before the Royal College of Physicians, flattered the learning and commended the wisdom of his fellows in the following neat quotation:

"Οὐκ ἔγραψα ὑμῖν ὅτι οὐκ οἴδατε τὴν ἀλήθειαν, ἀλλ' ὅτι οἴδατε αὐτην."

While this, delivered, of course, with the real Athenian pronunciation, was doubtless very effective in the address, we believe that some of our readers would rather have it so:

"Non scripsi vobis, quod non nostis veritatem, sed quod nostis eam."

Perhaps more would be suited with this:

"Je ne vous ai pas écrit comme à des personnes qui ne connussent pas la vérité, mais comme à ceux qui la connaissent."

Still more would doubtless be better pleased with it this way:

"Ich habe euch nicht geschrieben, als wüsstet ihr die Wahrheit nicht, sondern ihr wisst sie."

But then the rest of us would like it better so:

"I have not written unto you because ye know not the truth, but because ye know it."

The secret of this brilliant display of linguistic lore will be given free of charge to all subscribers of the NEWS in good standing.

THE German Congress for Surgery will be held in Berlin from the 16th to the 19th of April. The scientific general meetings will take place in the Aula of the Royal University in the afternoon of each day, and the mornings will be devoted to demonstrations of cases and preparations in the University clinics in the Royal Charité.

AT a recent meeting of the Suffolk (U. S. A.) District Medical Society, Dr. Gay exhibited a black-headed steel bonnet-pin, six inches long, removed from the urethra of a man seventy-five years old, who, "having nothing else to do," had introduced it head foremost, and had let it slip through his fingers.—*Medical Press.*

Bibliography.

A Treatise on the Diseases of the Nervous System. By JAMES ROSS, M. D., LL.D., F. R. S. C. S., etc. Illustrated with lithographs, photographs, and three hundred and thirty woodcuts. Second edition, revised and enlarged. New York: Wm. Wood & Co. 1883.

It is now just two years since the first edition of Ross was issued. The plan on which it was gotten up was so liberal as to make the treatise somewhat expensive. Grandiose and luxurious, the two large volumes did not appear to us to be within the purchasing power of the average practitioner. We know that the specialist could not do without it, but, to judge from the short interval between editions, it has met with a large sale from the general profession. It deserved this reception before, and now because of the revision should be even more favorably treated. The present offering differs from the earlier edition, not only in the addition of some matters of recent observation, but in minute changes of the arrangement and of the text itself. In fact there has been a thorough overhauling of every part. The references now given in full as foot-notes include a full bibliography of the science. Having at hand a complete library, the author with a vast amount of patient labor has read, noted, and digested his material so as to give the reader a well-ordered whole. He evinces familiarity, not only with English medical literature, but also the German and the French even in their minor productions. All the details of anatomy and physiology and even the speculations of psychologists are given a place in the interest of completeness.

It is truly a cyclopedia, richer than any other known to us in the photographs, cuts, and lithographs that make the difficult things as clear to the mind as only pictures and diagrams can.

As part of the new matter there is, at page 144, Vol. I, some admirable tables of classification, nosological and symptomatic.

Chapter XIII, of Vol. II, is entirely new and of considerable value. It is devoted to cerebral neurasthenia and gives succinctly the views of the late Dr. Beard on this subject, likewise the mode of treatment instituted by Dr. S. Weir Mitchell, the value of which has been confirmed by the recent observations of Playfair.

Chapter VII, on Febrile and Post-febrile Nervous Diseases, has been rewritten and much improved. As originally written it gave a bare mention to diphtheritic nervous symptoms. In the present edition is a compendious article dealing with every phase of these not uncommon complications.

In its present shape it is difficult to find a flaw in Dr. Ross's able work. Occasional errors of the compositor are noted, but they are hardly worth mentioning. J. W. H.

Bacteria and The Germ Theory of Disease. Eight Lectures delivered at the Chicago Medical College by Dr. H. Gradle, Prof. of Physiology, Chicago Medical College; Oculist to the Michael Reese Hospital. Chicago: W. T. Keener, Washington Street. 1883.

The Relation of Animal Diseases to the Public Health, and their Prevention. By Frank S. Billings, D.V.S., Graduate of the Royal Veterinary Institute of Berlin; Member of the Royal Veterinary Association of the Province of Brandenburg; Honorary Member of the Veterinary Society of Montreal, Canada, etc. New York: D. Appleton & Company, 1, 3, and 5 Bond Street. 1884.

The Diseases of Children, a Hand-book for Practitioners and Students. By Armand Semple, B.A., M.B., Cantab.; M.R. C. P., London, Physician to the Northeastern Hospital for Children; Physician to the Royal Society of Musicians; Author of "The Voice Musically and Medically Considered." Aids to Medicine. New York: G. P. Putnam's Sons, 27 and 29 West Twenty-third Street. London: 25 Henrietta Street, Covent Garden. 1884.

Eczema and its Management, a Practical Treatise Based on the Study of Three Thousand Cases of the Disease. By L. Duncan Bulkley, A.M., M.D., Physician to the New York Skin and Cancer Hospital; Attending Physician for Skin and Venereal Diseases at the New York Hospital; Dermatologist to the Manhattan Eye and Ear Hospital; late Editor of the Archives of Dermatology; Translator, with notes, of Newmann's Hand-book of Skin Diseases; Permanent Member of the American Medical Association; Fellow of the American Academy of Medicine; Fellow of the New York Academy of Medicine, etc. Second edition. New York: G. P. Putnam's Sons, 27 and 29 West Twenty-third Street. London: J. & A. Churchill.

Correspondence.

HYSTERICAL APHONIA.

Editor Louisville Medical News:

Mrs. H., age thirty-six years, two months, married, came to me on March 29, 1884, complaining of loss of voice. She talked almost in a whisper, with great difficulty, and with such variety of tone and character of voice as to lead me at once to suspect a disorder of co-ordination of the laryngeal muscles. The sudden coming on of the trouble, the remarkable alteration of the voice, the very slight evidences of laryngitis, and the limited seat of the disorder, taken in connection with the history of the case, led me at once to suspect that the whole disorder was of an hysterical nature.

On making a laryngoscopical examination I was confirmed in my opinion. The vocal cords did not close in articulation, but formed a double ellipsis, or better, perhaps, two ellipses; the two cords closing near the center and remaining curved and apart on each side of this point. The action of the right cord was more free than the left, and the left half of the larynx was also more stationary. I applied a strong interrupted current directly to the larynx and also over the course of recurrent laryngeal nerves, and shortly thereafter she was able to converse as usual. The attack had lasted about two weeks. Up to this date there has been no relapse.

Some years since the patient was troubled with aphonia for two whole years. She was treated by numerous physicians without benefit. She went out one morning to catch a chicken, when a dog, which was assisting, commenced chasing the wrong chicken. In her excitement she called to him. From that date she had no trouble in using her voice.

I have treated a number of cases of hysterical paresis and paralysis of the vocal cords by means of the continuous current of electricity, and usually with marked success, although relapses have occasionally occurred. In my experience the moderately strong interrupted current gives the best results. It is the least liable of all forms of treatment to be followed by relapses.

WALTER SCHELL, M. A., M. D.

SPENCER, IND., March 4, 1884.

DR. ATKINSON says that nourishment is of the first importance in delirium tremens.

Selections.

DYSPEPSIA. — Dr. T. Clifford Allbutt, Gultsonian Lecturer for 1884, writes (Medical Press): Sifting, as we must, the heap of affections attended with dyspepsia, we readily enough propose four chief groups of stomach disorders. First, those which are due to grave disease of the stomach itself, such as cancer or ulcer of the organ, dilatations of it, atrophy of its coats, and so forth. Secondly, to diseases of the stomach less grave but still local, such as the simpler catarrhs, acute and chronic gastritis. Thirdly, disorders which depend upon no visible changes in the structure of the stomach, but consist in some disorder of its work or secretions, and which, in accordance with a convenient use of words, we call functional; the dyspepsia of gout may perhaps be taken as an instance of this group. Fourthly, disorders which depend, not upon any primary derangement of the tissues of the stomach, but upon some influence coming from blood or nerve, from which influence visible local changes may or may not ensue. We put aside the first class of cases, without difficulty, as quite foreign to our purpose; and, so far as they can be distinguished, we put aside the second class also. This it is easy to do in the instance, say, of chronic or acute gastritis caused by the excessive use of alcohol, or, again, in the instance of that common and transient catarrh of the stomach attended with loss of appetite, headache, coated tongue, constipation, sickliness and malaise, which is due often to cold, often to improper feeding. This affection accounts for a large number of the cases called bilious attacks, though the majority so called are probably migraine. It is easy to make some such progress as this, but thenceforth it is not easy to plan out our schedules further. We may leap over a score of doubtful cases and, passing at once to another extreme, separate into a class all cases which are obviously neuralgic; but between these positions lie a great number of cases which are hard to classify. Is pyrosis, for instance, some local affection of the coats of the stomach, or is it a neurosis? Is flatulence, are all acid risings in the stomach due to some irregular transmutation of the contents of the organ, or are some of them consistent with the course of normal, if feeble digestion? In the former case such derangements may fairly be called dyspepsia, for the process of digestion goes

wrong, not as a detail or subordinate part of larger or systemic irregularities, but as a simple and local error in the digestive work of the stomach itself. In a word, is stomach-derangement, in a given case, but an expression of some general derangement, or is it a substantial ailment, and the cause rather than the consequence of any more general perturbations? Even this may be very difficult to estimate, or it may be decided only on the study of individual cases, but a large number of cases remain which are yet even harder to interpret, cases in which dyspeptic symptoms are no doubt due to disordered work or secretion in the stomach, but in which this disorder of work or secretion may, in its turn, be due, not to any primary defect in that organ, but to some cause lying outside of its peculiar tissues, lying, for instance, in the blood or in the nervous system. Omitting, as I must do, all reference to blood changes, let us take as an extreme instance a sudden nervous shock, which may arrest digestion completely, and we may thereafter conceive of lesser degrees of nervous perturbation which may bring up a continued interference with digestion, or, in other words, cause a continual dyspepsia. We may conceive indeed that not only in this way digestion may simply be slowed, but also the peptic secretions or processes be positively vitiated, as is the case, say, in neurotic diarrhea.

Or, to turn to a different point of view, a patient who suffers from many symptoms indicative of nervous derangement tells you that on the empty stomach—generally in the morning, before breakfast—a dense yellow oily fluid gathers, and, lying there all day, would vitiate the viscus, would act as an eccentric cause of headache, and as a foul ferment upon the food in the course of digestion; so that his or her only hope of a comfortable day is to vomit or wash out these dregs at the beginning. Now, such an exudation may be due to some chronic distemper of the coats or glands of the stomach; but I incline to believe it is due rather to some perturbed innervation of a stomach otherwise healthy, seeing that the symptom is one which I have always found in neurotics, and to be curable only by treatment planned mainly upon this diagnosis. Disordered work and distempered secretions, then, may well be due to, and doubtless often are due to neuroses of the stomach; and such neuroses, lying between the more localized disorders and the purer neuralgias, are difficult to classify. There is one more difficulty, though in practice a less embarrassing one, namely, that, as distempered secretion may be the effect of disordered nerve, so, reversely, some slighter catarrh, or other local change, or some offending article of diet, or again some graver local mischief may, as peripheral irritants, set up nerve-disturbances which in certain susceptible persons may so wax as to overshadow or conceal the primary cause of their occurrence. We know, for instance, that the touch of a bronchial attack, or of an acute pneumonia, may first reveal an asthma till that moment wholly latent—latent, it may be, till middle or even later life, or latent, it might have been, for ever. But the sleeping ill, once awakened, rarely recedes again altogether, but, by its own recurrence, tends to rivet upon the sufferer the chains of habit. Thus, it may become difficult to say which is the predominant factor in the consequent group of discomforts. As a practical difficulty, this is most serious in cases in which ulcer may or may not be present; and I do not hesitate to say, gentlemen, even before you, that in some of these the diagnosis between ulcer and pure gastralgia is in certain stages impossible. How are we then to succeed as ministers to the sick, if we crowd into one chapter, and almost into one point of view, the pure neuralgias of the stomach, the neuralgias awakened by local irritations within the viscus, disordered secretions or metabolisms within it due to perturbed innervation, together with primary dyspepsias of local origin which concern the nervous system but little or not at all? Never can we succeed, I think, if we make such a confusion. We must endeavor, then, not only to separate the pure neuralgias from the dyspepsias or pains of local origin; but, however difficult it may be in any one instance, we must endeavor farther to decide, concerning mixed cases, whether the neuralgic phenomena stand in causal relation to the local disorders of function, or, contrariwise, the disorders of local function have awakened nervous reverberations. That which reason and examination may fail to discern may often be revealed to us by the test of treatment. The relation of asthma to disorders of the lungs has been quoted as an illustration of these difficulties. In some cases, then, we have to deal with a pure neurosis of central origin; in others, with nervous phenomena awakened by persisting or foregone local maladies; and, unless

we see with some clearness how these phenomena are related to each other, we shall fall short of a rational therapy.

In order to enter by the plainest route into the more intimate knowledge of neuroses of the stomach, let us advance from the simplest to the more complex. No cases, perhaps, will serve us better as an introduction than those in which disorders of digestion occur as a consequence of general nervous exhaustion. Unlike gastralgia, these disorders may arise in men and women of very various habit of body. No general sketch of the bodily aspect nor of the temperament of such patients can be delineated, and accordingly we find the symptoms various.

Omitting, then, persons disposed to gastralgia, we find two kinds of dyspepsia at least arising in persons overworked. In the first class, we find simply a feeble stomach, as we find enfeebled legs and an enfeebled brain. The tongue is clean—too clean; not red, but pallid. Its substance is edematous, and its edges indented. Such a person has no appetite, and the little he eats causes a weary sense of repletion until the ingesta slowly pass off. We may call this dyspepsia, as we may call the leg-weakness, dyskinesis, and so forth; but the whole man is run down—call it general dysergy, if a fine name must be found. But now take another man, equally without marked diathesis, and equally overworked; his tongue is bulky and also indented, and is protruded slowly, spreading forth as it issues. It is thickly coated, especially toward the mid-line, where the fur is brownish, and brownish toward the back also. The complexion is muddy, and the countenance bears the mark of mental depression. The hand is placed fretfully upon the vertex, where there is a pain, or, if not a pain, a peculiar indescribable uneasiness; and this passes backward, surrounding the occiput. The urine deposits lithates, and the liver and stomach not only work feebly, but their functions are aberrant. He is weary and dull, and says he feels like a dead dog of a morning. A like state of tongue, and a like sluggishness and diversion of stomach, liver and colon, may be seen in most cases of common apoplexy, and are clearly secondary to the troubling of the brain, though the converse view is usually held, and the attack of apoplexy attributed to a foregoing upset of the digestion. Why, of the two overworked men, nervous exhaustion should produce in one a simple atony of the stomach, and in the other an aberrancy, I can not say. I suspect the latter man has in himself some echo of gout, but yet I know how disappointing are all attempts to clean his tongue and set his stomach aright with the stock rhubarb and soda mixtures, with pepsines, with calomel, colocynth, or colchicum, and how that even strong tonics, such as quinine and iron, may be prescribed with benefit, and how rest and upland air will beat all medicines whatever, and may clean the tongue in a fortnight. Dyspepsia here is a symptom, and the stomach is disordered; but radically the state is a neurosis, vascular or other, and curable only upon this understanding.

Locomotor Ataxia not Syphilitic.—At a recent meeting of the New York Academy of Medicine the question of Locomotor Ataxia and Syphilis being brought up for discussion, Dr. Weber thought it not improbable that in constitutional syphilis the irritation of the syphilitic poison might start such an inflammation as would lead to the lesions which had been found in posterior spinal sclerosis when other conditions were favorable for its development. He himself had found syphilis as an etiological factor less often than several other conditions. The most common was rheumatism. Masturbation in early youth, and continued for some time, exerted a very baneful influence upon the nervous system in both boys and girls, and laid the foundation not only for so-called nervous affections, but for organic disease. He had had a few cases of locomotor ataxia in the history of which masturbation in early youth was found to have been a prominent feature. Spinal tabes, from a pathological and a clinical standpoint, was rather a protean disease. So far as his own observations went, in those cases in which there was also a history of syphilis, benefit was derived from anti-syphilitic treatment, and in some cases the benefit was quite marked, but there had not been a complete cure in any case. Authors, however, had reported a few cases in which the symptoms entirely disappeared under anti-syphilitic treatment. In cases in which a syphilitic history was present the prognosis, so far as some degree of improvement in the symptoms was concerned, was usually better than in other cases, but the therapeutic results even in such cases had fallen far short of the anticipations of the positivists.

Dr. R. W. Amidon said that he wished to put himself on record as one of those who

were opposed to calling typical locomotor ataxia a syphilitic disease. Those who held the view that locomotor ataxia was due to syphilis, generally founded their opinion on statistical data, and, as shown by Dr. Birdsall in a paper before the American Neurological Society last summer, and by others, this was a doubtful foundation. Only about nine and five tenths per cent of the cases, according to Dr. Birdsall's statistics, showed a possible connection between tabes and syphilis. Dr. Amidon had never seen a case of locomotor ataxia, in which he felt satisfied there was sclerosis of the posterior columns of the cord, benefited by anti-syphilitic treatment. He thought that, if we wished to acquire light on the subject, we should have to look to pathological anatomy. Syphilis was more apt to attack the membranes than the substance of the brain and cord, and most authors agreed that in posterior sclerosis the contents of the nerve tubules were first affected. The course of the disease was against its being syphilitic; it was slow and progressive, while the course of most tertiary lesions was rapid. What experience he had had, both in the way of treatment and the study of the literature and the pathology of the disease, all went in one direction, namely, against the theory that locomotor ataxia was a syphilitic lesion.

Sub-periosteal Hemorrhage in Infantile Scurvy.—Mr. Edmund Owen recorded a case of infantile scurvy, the patient, a girl of twenty months, having recently been under his care at St. Mary's Hospital. She was anemic and of leaden hue, and lay moaning in bed; her right lower extremity was immensely swollen from sub-periosteal hemorrhage around the femur; the skin was white, tense, edematous, and glistening, it was never reddened or hot. The gums were swollen, spongy, and bleeding; the ribs were beaded, and the radii enlarged at the carpal end. The mother had died of phthisis, and the infant had been brought up on condensed milk and the various patent foods—a typical scurvy diet—with none of that valuable antiscorbutic, fresh cow's milk. The treatment comprised warmth, cod-liver oil inunctions, fresh cow's milk and water, and the sweetened juice of fresh oranges, and vegetables, together with elevation and compression of the limb. The surface of the femur, explored with a fine canula and trocar, was found extensively stripped of its periosteum, but there was no suppuration. At once the patient began to improve, and in four weeks its convalescence was completely established, the effused blood being entirely absorbed. Mr. Owen expressed surprise at such cases being so rarely recorded in London, where many hand-fed children subsisted on a scurvy diet. Possibly some genuine cases of infantile scurvy were overlooked by the practitioner, because the gums did not happen to be spongy; or again, as had been suggested by Dr. Cheadle, the scorbutic origin of certain spongy gums might not be recognized because the other signs of scurvy were absent. The characteristic symptoms of scurvy did not always go hand in hand. He concluded with a strongly adverse criticism of the general employment of condensed milk, and of the speciously advertised artificial foods, without any adequate supply of fresh milk; often infants refused cow's milk because it was not sufficiently diluted.—*Harveian Society Reports; Medical Times and Gazette.*

Catarrh of Larynx.—One of the most common causes of hoarseness is chronic catarrh of the larynx. The voice in this affection is not invariably hoarse, but becomes so after fatigue or any exposure to wind, damp, or after singing or speaking. Chronic catarrh may be caused by damp atmosphere or damp residence, or by the overuse of the larynx, or by too powerful use of the larynx, as in clergymen and public speakers, or by the abuse of alcohol, or may be associated with gout. It is extremely common in this country, and is very troublesome to the individual, on account of its effect on the voice and on account of the continuous desire to clear the throat which it causes. It is often quite local, though it may be coupled with nasal or bronchial catarrh.

Symptoms: A constant desire to clear the throat of a viscid mucus which adheres to the cords, each attempt rather increasing than diminishing the desire. The voice is deep, and often breaks or is hoarse, especially in lecturing, preaching, or singing.

With the aid of the laryngoscope the cords are, as a rule, only slightly more vascular than normal, but shreds of mucus or pellets of thick, sticky, green mucus occupy the larynx. This secretion prevents the voice being raised, and causes the desire to clear the throat.

The treatment is, of course, to remove the cause, in which often lies a difficulty—whether it be climate, damp or clay-soil residence, public speaking, or the abuse of

alcohol. It is necessary to avoid clearing the throat; it is better to speak through it and let the viscid mass separate itself. Efforts to displace it have little or no effect but to annoy the patient. Anti-catarrhal remedies should be adopted—warmth to the skin; entire covering of flannel should be worn and should not be put aside in hot weather, though a thinner texture may be worn. Laryngeal catarrh in England is as common in winter as in summer, because of the careless exposure of the skin to changes of temperature. In male patients the growth of the beard may prove curative if the disease be limited to the larynx; if associated with nasal or bronchial catarrh, a pill of quinine, ipecac, opii or conium. Local applications of spray have, in my experience, proved of no avail. Astringent lozenges, rhatany, tannin, etc., which are given by many, in my opinion, are more injurious than useful, for they constipate the bowels and do not touch the disease.

Occasionally cases of this disease run on to a form in which the cords are quite discolored, the hoarseness most marked, perhaps complete aphonia, all attempts to speak being accompanied by extreme laryngeal fatigue. Such cases, though actually only a catarrh, are accompanied by infiltration far deeper than the mucous tissue and assume the character of chronic laryngitis. In these cases the occasional application of the brush with a strong solution of chloride of zinc or nitrite of silver is admissible. But I rely chiefly on galvanism.

So far we have spoken of inflammation attacking the mucous membrane. Now, if it attack the deeper tissues of the larynx the disease is best expressed by the the term laryngitis.—*Arthur T. Norton, F. R. C. S., in Medical Press and Circular.*

Cold and Gangrene.—A little girl, age twelve, came under Mr. Hutchinson's care with her right arm, from the elbow down, dusky, livid, and seemingly on the point of becoming gangrenous. The other hand was slightly affected in the same way. This congestion had been induced as the result of long exposure to cold at a boarding-school, where fires were not regularly maintained in the rooms inhabited by the pupils. The child was one of a family distinguished for its feebleness of circulation, and her system was consequently in a state to be readily depressed by exposure to a degree of cold which would in others of robuster frames be unattended by any ill consequences, on which account the case excited a good deal of anxiety in those who had it in charge. It was even feared that some, at least, of the fingers of one hand would be ultimately lost by gangrene, but this catastrophe was averted by the treatment pursued. This consisted in wrapping the arm in cotton-wool, and keeping the patient in a room of a warm, even temperature, and later on slight friction of the hand and arm, followed by application of a bandage; recovery finally taking place.

It has long been known to comparative pathologists that cold exerts a definite influence on domestic animals submitted to it soon after birth; and one familiar fact in this connection is afforded by the condition of the tails of young pigs, which are occasionally absent in all the members of the same family. When this peculiarity is observed it may be taken as evidence that the animals were littered during the prevalence of cold weather, for it is only at such times that the loss referred to occurs; and then it is not an infrequent event. In the vegetable kingdom, also, a similar state of things obtains, for we find that during frosts it is the extreme shoots and terminal buds of plants that become dry and shriveled up, these parts being those farthest removed from the vital centers of the plant, and least subject to the preserving effects of the sap circulation.

In that form of gangrene of the extremities which assumes a symmetrical character and which is known as Raynaud's disease, the conditions obtaining in the affected individual are of the kind already referred to and illustrated above. The circulatory process is maintained in a feeble, inefficient fashion, the constitution thereby suffering, and being less robust, while the arterial vessels very readily contract on exposure to cold, and do not without much difficulty recover their normal caliber. The case of the little school-girl affords an admirable example of this class of patients.—*Mr. Jonathan Hutchinson, in the Medical Press and Circular.*

Apomorphia in Infantile Convulsions. Dr. Edward Cotterell, in the Medical Press and Circular, reports the following:

On November 11, 1883, I received a summons requesting my immediate presence to a child in a fit. Upon my arrival I found the patient, a child, aged eighteen months, suffering from typical infantile convulsions. The mother stated that the child was at-

tacked about half an hour after its dinner, which upon inquiry I found consisted principally of greens and potatoes. The attack was preceded by vomiting. There was a great congestion of the veins of the neck, and the breathing was stertorous. I immediately proceeded to use artificial respiration by the Marshall Hall method, and after about five minutes the breathing became less stertorous, and the cyanosis less. I thought it would be a good plan to evacuate the contents of the stomach, in spite of the mother's assurance that the child had returned all its dinner, and, failing to produce reflex vomiting by irritation of the fauces, I procured some apomorphia. I administered two minims of a two-per-cent solution of this drug subcutaneously, and in one hundred seconds the stomach evacuated its contents —a prodigious quantity—with hardly any effort.

Immediately after this the convulsions ceased, and the child became quite conscious, nor has it subsequently had any attacks of a like nature.

I am not aware of apomorphia having been used before in the treatment of infantile convulsions, and my experience of this treatment up to the present rests upon this single case, but the result was so gratifying that I am persuaded to publish it, being confident that in apomorphia we have a drug capable of controlling the fits when these are due to gastric irritation; and I am sure that a very large percentage of infantile convulsions—at any rate, those occurring among the children of the poor — are due to injudicious feeding. Another recommendation in favor of the use of a hypodermic injection of apomorphia in this disease is the ease with which it can be admistered.

DENTAL CAUSTIC.—The preparation used by dentists to destroy the nerve of a tooth is the following paste, which is usually made in minute portions as wanted:

Arsenious acid, ... 3 parts.
Sulphate morphine, ... 2 parts.
Creosote—a sufficient quantity to make a paste.

When used, a minute quantity is introduced in the tooth cavity which has been previously dried with absorbent cotton, and afterward a small plug of cotton moistened with collodion is placed over it.—*Pharmaceutical Record.*

DR. GEORGE ENGELMANN, the eminent physician and scientist, died in St. Louis on February 4th, at the age of seventy-five.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U.S.A., from March 30, 1884, to April 5, 1884.

Woodhull, Alfred A., Major and Surgeon, granted leave of absence for twenty-two days, to take effect about April 6, 1884. (Par. 13, S. O. 72, A. G. O., March 28, 1884.) *White, Robert H.*, Captain and Assistant Surgeon, to be relieved from duty at U. S. Military Academy, West Point, N. Y., August 28, 1884. (Par. 7, S. O. 74, A. G. O., March 31, 1884.) *Mearns, Edgar A.*, First Lieutenant and Assistant Surgeon, assigned to duty at Fort Verde, A. T. (Par. 1, S. O. 22, Hdqr's Dept. of Arizona, March 19, 1884.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, January 1, 1884, to March 31, 1884.

Fessenden, C. S. D., Surgeon, to proceed to Cairo, Illinois, and Memphis, Tennessee, as inspector, March 5, 1884. *Purviance George*, Surgeon, granted leave of absence for thirty days, February 16, 1884. *Smith, Henry*, Surgeon, to rejoin his station at Norfolk, Virginia, March 7, 1884. *Irwin, Fairfax*, Passed Assistant Surgeon, relieved from duty at Norfolk, Virginia; to assume charge of Cape Charles Quarantine Station, March 7, 1884. *Carmichael, D. A.*, Assistant Surgeon, to report to Surgeon Purviance for examination for promotion, March 5, 1884. *Armstrong, S. T.*, Assistant Surgeon, to report to Surgeon Fessenden for examination for promotion, March 5, 1884. *Bennette, P. H.*, Assistant Surgeon, leave of absence extended ten days, January 18, 1884. *Ames, R. P. M.*, Assistant Surgeon, detailed for temporary duty on relief boat—Ohio River Flood Sufferers—February 16, and March 1, 1884. *Devan, S. C.*, Assistant Surgeon, upon expiration of leave of absence, to proceed to St. Louis, Missouri, for temporary duty, February 6, 1884. *Kalloch, P. C.*, Assistant Surgeon, to proceed to Charleston, South Carolina, for temporary duty, February 1, 1884. *Bevan, A. D.*, Assistant Surgeon, granted leave of absence for seven days, March 13, 1884. *Wasdin, Eugene*, Assistant Surgeon, granted leave of absence for fifteen days, March 4, 1884. *Battle, K. P.*, Assistant Surgeon, to proceed to New York, N. Y., for temporary duty, February 4, 1884.

RESIGNATION.—*Cooke, H. P.*, Passed Assistant Surgeon, resignation accepted by the Secretary of the Treasury, to take effect February 5, 1884; January 31, 1884.

APPOINTMENT.—*Battle, Kemp B.*, M.D., of North Carolina, having passed the examination required by the Regulations, was appointed an Assistant Surgeon by the Secretary of the Treasury, February 2, 1884.

PROMOTIONS.—*Carmichael, D. A.*, Passed Assistant Surgeon; promoted and appointed Passed Assistant Surgeon by the Secretary of the Treasury, from March 1, 1884; March 18, 1884. *Armstrong, S. T.*, Passed Assistant Surgeon; promoted and appointed Passed Assistant Surgeon by the Secretary of the Treasury, from April 1, 1884; March 28, 1884.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, APRIL 19, 1884.

Original.

ORTHOPEDIC SURGERY.

BY AP MORGAN VANCE, M. D.

**Infantile Paralysis: What can be done, but more especially what can not be done, in the way of treatment.*

The above ailment is essentially one of early infancy, though cases have occurred in older children and very rarely in adults. It has been demonstrated that the lesion is in the gray matter of the anterior horns of the spinal cord, a poliomyelitis. It has never been proved that any one thing causes this inflammation. In some instances it seems traceable to cold, in others to a spell of indigestion, while again it can be traced to no cause. The child perspiring well at night, is in the morning found in a palsied condition. The older writers claimed that this was caused by teething and called it dental paralysis. There is always more or less fever present, sometimes running very high, while in other cases this rise of temperature is not noticed. Similar, though probably not identical, paralysis often follows the fever of measles or scarlet fever. I believe that many more cases occur in summer than in winter.

The diagnosis of this disease is comparatively easy, especially so when the cases reach the surgeon's hand. In the very early stages it may be confounded with paralysis resulting from pachymeningitis, or cerebral lesion and reflex paralysis, but care in getting history and the result of a careful electric examination will avoid mistakes. The extent of muscular trouble is very variable, from one single muscle to a whole limb, or very often both limbs. Sometimes, but rarely, the muscles of the trunk are affected. Otherwise, after a few days, the child returns to perfect health some tenderness of affected parts being present for this period. There is no danger to life during this disease other than that caused by the *crippling*.

The treatment is the important thing to be considered. To begin, we may ask the question, "What can the physician do in these cases?" In my humble opinion *nothing*, absolutely nothing beyond giving a certain amount of comfort to the parents by his presence. I believe that nature does all the repair without being helped one iota by treatment, that is, all return of muscular vitality occurs spontaneously. To the question "What can the surgeon do for these unfortunates?" the answer is about the same as to any other than palliative treatment, and I am sorry to say this is very little. In extreme cases the results at best are, I believe, worse than death, and it is not uncommon to have parents say when they hear the bad prognosis, "I would rather my child were dead." Every variety of deformity follows, according to the muscles whose power is lost. This is caused by contraction of muscles and by adaptation for gravity. The common treatment in these cases is to order electricity. The only good possible by this measure, is development by the exercise thus artificially produced of the muscles untouched by paralysis, or those spontaneously revived. When a muscle or group of muscles on one side of a limb is paralyzed I think harm may result from over-developing those upon other side, which tend to produce the deformity. Massage properly applied does every thing that can be done by electricity.

To sum up what I consider justifiable treatment, I will say that from the first these cases are essentially surgical, and that all the surgeon can do is to watch in the early stages for deformity and by the simplest apparel

*Read before the Medical Society of Louisville, December 20, 1883.

prevent it; when deformity is present overcome it, and by the same simple mechanical appliances supply, as far as possible, the muscular loss, watching for spontaneous improvement; and if this improvement takes place in muscles so attached that their development would help in preventing deformity or aid in locomotion, develop them by massage and faradism. The prevailing idea that electricity has some curative action in this form of paralysis is to my mind fallacious. It can not possibly do any good to treat the branches when the roots and trunk of the tree are rotten. It is an unfortunate fact that when the physician or surgeon is called, the time has passed for active treatment directed to the cord itself. Thus good results of treatment, if they were possible, are prevented by a failure to recognize the trouble, or the time lost before the case is seen. The question of resecting at knee and ankle in old cases, and doing with bone what we do with steel, has been raised, and a number of operations done in Europe, the result of which has not been made known. I have resected the ankle in a bad case of valgus, of paralytic origin, with riddance from apparatus, and good locomotion. Often in old cases the apparatus may be dispensed with by the use of shoes constructed to fulfill the indication to a great degree. I close this paper with the hope that the members will see fit to give their views and their experiences relative to the nature and management of this disease.

**The Uses and Abuses of Braces:* The abuses to which mechanical appliances are put, and the fashion nowadays of bracing up every thing regardless of indications, scientifically speaking, induces me to ask your indulgence on the above subject for a short time.

It should be the endeavor of the mechanical surgeon to get rid of all the paraphernalia possible, and fulfill in the simplest manner the indications in each case. Let us take up first the subject of round shoulders. There are a thousand and one different *braces* for this common trouble, and I say there is not one case in a thousand in which a brace is indicated. The great effort is to get a comfortable shoulder-brace. What do we do with our brace in these cases? Simply what we don't want to do: take the place, by a brace, of the natural supports, the muscles, and by relieving them of work cause atrophy of some, simply increasing the trouble unless you propose to let the patient wear the *comfortable brace* for life. What, then, is the proper treatment in these cases? Treat the patient's general condition, and institute exercises which will bring into play the muscles that are relaxed, especially the exercise of inhalation frequently repeated; make some garment tight in the back, not with the idea of giving support, but to cut in front, and in this way the patient will voluntarily hold back to get relief and bring into use the muscles desired.

Another instance of this abuse is the indiscriminate application of spinal supports. A surgeon should be *very* careful to have good indications for applying any of the spinal splints, whether of the plastic or steel variety, because marked damage may be and is done whenever they are applied to any case which does not require them. This damage we have to put up with in cases where the support is needed, but the indiscriminate application of braces to young ladies with spinal irritation, or often with no better indication than pain in the back, or to men suffering with locomotor ataxia, is to my mind almost criminal. In the treatment of lateral spine curvature, find first if there is a possibility of doing good, and discriminate as to the cause well before putting on any apparatus. Never put a fixed jacket on a person who has this deformity from a short limb. A case recently came to my notice, the surgeon in charge having made this mistake. The patient was a girl in whom a lateral curvature of the spine had been caused by a one-inch shortening of a limb. The prolonged restraint of the jacket prevented the development and impaired the function of the trunk muscles, to the serious injury of the patient. Nothing but harm can result from the use of the fixed jacket in this class of cases.

In cases of old infantile paralysis, a properly constructed shoe will often enable us to dispense with heavy and cumbersome apparel. By this means a great expense is saved, while the life of the patient is made much more endurable.

It is in the treatment of hernia that the abuse of surgical appliances is carried to the greatest excess, though it is not an uncommon thing to see a child suffering with Pott's paraplegia braced from the head to the feet, or a victim of spastic paralysis undergoing a similar torture.

LOUISVILLE, KY.

*Read before the Louisville Medico-Chirurgical Society.

Miscellany.

THE ARKANSAS STATE MEDICAL SOCIETY will hold its ninth annual session at Little Rock, on Wednesday, April 30, Thursday, May 1, and Friday, May 2, 1884, commencing at 10 A. M. on Wednesday.

The following Committees are expected to report at this meeting: On Medical Education, Dr. G. W. Hudson, Chairman; on Practice of Medicine, Dr. T. D. Nichols, Chairman; on Surgery, Dr. J. E. Bennett, Chairman; on Gynecology, Dr. J. T. Jelks, Chairman; on Medical Legislation, Dr. F. G. McGavock, Chairman; on Necrology, Dr. Isaac Fulsom, Chairman; Board of Visitors to the Medical Department of the Arkansas Industrial University, Dr. Z. Orto, Chairman, Drs. W. W. Hipolite, J. C. Wallis, J. E. Bennett, A. G. Henderson; on State Medicine, Dr. R. C. Pruitt, Chairman; Special Committee on County and Municipal Societies, Dr. L. P. Gibson, Chairman.

In addition to the above reports a number volunteer papers will be read. Fitting arrangements for the reception and accommodation of visitors will be made, and the usual reduced rates upon the railroads may be expected. The Secretary, Dr. L. P. Gibson, of Little Rock, will furnish to correspondents all desired information.

THE AMERICAN MEDICAL ASSOCIATION; SECTION OF PRACTICE OF MEDICINE.—The Chairman, Dr. John V. Shoemaker, of Philadelphia, submits the official programme for the meetings of the Section of Practice of Medicine, to be held in Washington, D. C., Tuesday, Wednesday, and Thursday afternoons, May 6, 7, and 8, 1884.

The following special subjects have been promised, and those who are announced to enter into the discussions have accepted, and will be present:

1. Discussion on "A Contribution to the Clinical Study of Epilepsy" will be opened by Professor William Pepper, of Pennsylvania. Dr. Roberts Bartholow, Pa.; Dr. Horatio Wood, Pa.; Dr. J. S. Jewell, Ill.; Dr. James T. Whittaker, Ohio; Dr. O. P. Hooper, Ark.; Dr. Eugene Grissom, N. C.; Dr. James E. Reeves, W. Va.; Dr. T. B. Lester, Kansas; Dr. Joseph P. Logan, Ga.; Dr. W. K. Bowling, Tenn.; Dr. John S. Moore, Mo.; Dr. James F. Hibbard, Ind.; Dr. J. J. Caldwell, Md.; Dr. John A. Murphy, Ohio, and Dr. A. P. Grinnell, Vt., are expected to take part.

2. A discussion on the "Clinical Study of the Heart Sounds" will be opened by Professor Austin Flint, sr., of New York. Dr. Edward Janeway, N. Y.; Dr. William Pepper, Pa.; Dr. Frederick C. Shattuck, Mass.; Dr. John H. Bemiss, La.; Dr. James Wilson, Pa.; Dr. Richard McSherry, Md.; Dr. James R. Leaming, N. Y.; Dr. John S. Lynch, Md., and Dr. A. B. Palmer, Mich., are expected to take part.

3. A discussion on "Tuberculosis" will be opened by Dr. Henry F. Formad, of Pennsylvania. Dr. Austin Flint, sr., N. Y.; Dr. William Welch, N. Y.; Dr. N. S. Davis, Ill.; Dr. George M. Sternberg, U. S. A.; Dr. R. S. Fitz, Mass.; Dr. Henry O. Marcy, Mass.; Dr. James Tyson, Pa.; Dr. Edward Janeway, N. Y.; Dr. Charles Dennison, Col.; Dr. Henry F. Campbell, Ga.; Dr. W. T. Belfield, Ill.; Dr. Alonzo Garcelon, Me.; Dr. E. O. Shakespeare, Pa.; Dr. G. C. Smythe, Ind.; Dr. Harold C. Ernst, Mass.; Dr. W. E. Geddings, S. C.; Dr. Trail Green, Pa., and Dr. John Lynch, Md., will take part.

The following papers are also promised:

Ayres, S. G., M.D., New Theory and Instrument of Diagnosis.

Bartholow, Roberts, M.D., subject to be announced later.

Crawford, S. K., M.D., Etiology of Enteric Fever.

Duhring, Louis A., M. D., Dermatitis Herpetiformis.

Flint, Austin, jr., M.D., Dietetic Treatment of Diabetis Mellitus.

Green, T., M.D., New Officinal Chlorate.

Griswold, Gaspar, M.D., Irregular Apoplectic Attacks from Other Causes than Hemorrhage and Embolism.

Janeway, Edward, M.D., Simulation of Pathognomonic Signs and Symptoms.

Jackson, S. K., M.D., Typhoid Fever.

Keyt, A. T., M.D., Retardation of the Pulse in Mitral Insufficiency.

Linn, G. A., M.D., Specific Treatment of Diphtheria and Croup.

Marcy, Alexander, jr., M.D., Muscular Hypertrophy of the Stomach.

Marcy, Henry O., M. D., The Germ-Theory of Disease.

Miller, J. P., M.D., Phthisis, its Successful Treatment.

Prentiss, D. W., M.D., 1. Importance of Uniformity in the Pharmacopeia. 2. A Plea for Greater Interest in the Pharmacopeia on the part of Physicians.

Reed, R. Harvey, M.D., Irritation of the Capsule of Glisson.

Schenck, W. L., M.D., Occult Causes of Disease.

Tyson, J., M.D., Milk Treatment of Disease.

Welch, William H., M. D., Pathology of Myocarditis.

Whittaker, James T., M.D., The Etiology of Pericarditis.

Wilson, James, M.D., The Diagnosis of Tumors of the Anterior Mediastinum.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.—The annual meeting of the Association of American Medical Editors will be held in Washington, May 15th, at 8 P. M., in Medical Hall, Southeast corner of Sixth and F Streets.

The annual address will be delivered by President Leartus Connor, M. D., on The American Medical Journal of the Future, as Indicated by the History of American Medical Journals in the Past. Dr. N. S. Davis will open the discussion on, How Far can Legislation Aid in Elevating the Standard of Medical Education in this Country? in which Dr. A. B. Palmer, Dr. Henry O. Marcy, Dr. L. S. McMurtry, Dr. C. H. Hughes, Dr. Frank Woodbury, Dr. William Brodie, Dr. A. N. Bell, Dr. William B. Atkinson, Dr. W. C. Wile, Dr. W. R. D. Blackwood, Dr. Henry Leffmann, and Dr. Deering J. Roberts will take part.

All members of the profession, especially journalists and authors, are invited to be present and take part in the meeting. John V. Shoemaker, M. D., 1031 Walnut Street, Philadelphia, is the Secretary.

THE Boston Medical and Surgical Journal says that in an elaborate paper on "Oliver Wendell Holmes, his Writings and Philosophy," by Robert Green, to be found in the Proceedings of the Literary and Philosophical Society of Liverpool for 1881, among other "facts" about Dr. Holmes the writer gives these: "Besides the Professorship at Dartmoor, he founded and carried on a medical school at Tremont and had a large private practice."

It must be confessed that this is no more singular than the biography of Tennyson we recently saw in an Indiana newspaper headed by a cut of Longfellow.

A FASTING ATAXIC.—It appears from a statement, which we owe to the courtesy of Mr. Charles Carey, of Bromsgrove, that there is, in the work-house of that union, a man whose power of sustaining life for a considerable period without food is very remarkable. The man is named Hunt, and he is suffering from locomotor ataxy, with marked brain-symptoms, and complete loss of vision. He said that he was "ordered not to eat any thing by his Heavenly Father," and for thirty-five days he took no food, with the exception of a small piece of toast on the sixth day of his fast, and drank no liquid except water. During this period, he did not show any signs of unusual weakness, he was able to sit up in bed, his movements were quick and prompt, his voice loud, and his manner abrupt; he has been an invalid for about three years, and is unable to stand. Lately he has modified the rigor of his fast, and has consented to take milk and eggs.—*British Medical Journal.*

LACERATION OF THE GENITAL TRACT IN LABOR.—Dr. Henry Gervis (Lancet) advises the systematic, careful examination of the vaginal entrance at the conclusion of labor. He says: In the course of a year it is one's lot to see many cases of illness following delivery. In a very large proportion these cases are septic in character, and in many, when one asks, "Is the perineum all right?" the answer evinces that the matter has not been thought of as coming within the range of a necessary investigation. On looking, however, at the perineum, with very few exceptions, at or within its margin, or at the vaginal entrance, or on or about the vestibule, we find circumscribed sloughy patches, of greater or less extent, evidently corresponding with lacerations, trifling or even considerable, in the mucous surface of the genital tract, lacerations that very possibly are quite unavoidable, and which early attention with antiseptic dressing might have rendered harmless, instead of leaving them to become, as too often is the case, channels of entrance for septic matter. The importance of early surgical attention to a torn perineum adds further emphasis to the desirability of the inspection which I urge. And in addition to this double advantage I would in passing note that I have known several cases where the fact of a perineal tear not having been ascertained at the time of the confinement has led to much unpleasant subsequent correspondence and even legal proceedings. Equally, therefore, from the medical, surgical and social points of view, the careful examination of the outlet of the genital canal at the termination of every labor is a matter I would press as a duty of uniform importance.

EMPYEMA.—Dr. I. Burney Yeo deals with purulent effusions into the pleural cavity by free incision, under strict antiseptic precautions and free drainage. The existence of a communication with the air-passages presents no bar to rapid recovery after such a procedure, and the existence of such an opening does not necessarily lead to decomposition of the purulent contents of the pleural cavity. In some cases the opening is probably valvular toward the lung, and is only pushed open when the tension in the pleura reaches a certain degree. But Sir Joseph Lister believes that the presence of the ciliated epithelium along the bronchial passages tends to keep septic particles which may be in the air from reaching the periphery of the lung, and that even though a little air may have escaped into the pleural cavity it would do no harm.—*Lancet.*

CRIMINAL ABORTION AND MURDER.—At the Liverpool Winter Assizes, on Tuesday, February 19th, Sarah Mallinson, a married woman, fifty years of age, was convicted and sentenced to death for the willful murder of Louisa Brierley, a single woman aged twenty-eight, by procuring abortion. William Smart, a clerk, of Huddersfield, was tried as an accessory before the fact, and was also convicted and sentenced to death. It appeared from the evidence that the deceased was pregnant by the prisoner Smart. The prisoner Mallinson received the deceased into her house in Sussex Street, Lower Broughton, Manchester, and after being there about a week the deceased died. The evidence made it perfectly clear that the female prisoner had used an instrument to the deceased on at least two occasions, and that death resulted from peritonitis in consequence. The post-mortem examination was made by Dr. Maguire and Mr. Stocks, of Salford. Mr. Justice Butt commented severely on the fact of Mr. Estcourt not informing the police as soon as he knew of the abortion having been procured, he having been called in by the prisoner Mallinson and having treated the deceased for peritonitis. The prisoner Smart was proved to have paid the female prisoner money for what she was to do, and the judge laid it down to the jury that if they believed that Smart induced the woman by an offer of money to perform the operation, he, though absent, was just as guilty of the crime of murder as if he had been present throughout. If two persons were engaged in an attempt to procure abortion, and the death of the woman operated upon ensued, then they were undoubtedly guilty of murder.

This crime would appear to be rather common in Manchester and its neighborhood. Some years ago Alfred Thomas Heap was convicted at Liverpool under very similar circumstances, and was executed, having previously received five years' penal servitude for procuring abortion. And in 1859 a German practitioner (Stadtmühler) from the same city was convicted and sentenced to death for the murder of a woman on whom he had procured abortion, though in his case the death penalty was not inflicted. It is lamentable to see how little effect these sentences appear to have in checking this crime, and it must be evident that the cases which come before the courts form only a very small proportion of those which occur.—*Lancet.*

CONGENITAL RACHITIS DEVELOPED AND RECOVERED FROM BEFORE BIRTH, IN THE ABSENCE OF ALL INFLUENCE OF A SYPHILITIC CHARACTER.—(*Rev. mens des Mal. de l'E.*): The report of a case bearing the characteristics mentioned was given by the author to the Paris Society of Surgery at its séance December 19, 1883. The bony lesions seemed to have entirely healed, though the previous existence of the disease was undoubted. A careful examination of the father, mother, brother, and sister of the infant by the author, assisted by M. Fournier, failed to reveal the least trace or history of syphilis. Hence the opinion is justifiable, in the author's mind, that rachitis may exist without any syphilitic taint. This is contrary to the view which was promulgated and defended by Parrot.

UTERUS REMOVED PER VAGINAM.—Dr. W. A. Duncan, before the Obstetrical Society of London, recently exhibited an entire uterus with epithelioma of the cervix, successfully removed through the vagina, by Schröder's operation.

A PUPIL teacher, in an infant school, at Chertsey, suffering under nervous depression from, it is alleged, over-work in her studies, threw herself into the Thames and was drowned.—*Lancet.*

COL. GEO. L. PERKINS, of Norwich, Conn., who is ninety-six years old, said in a recent interview, "I have buried six family physicians, and still live."—*Med. and Surg. Rep.*

The Louisville Medical News.

Vol. XVII. SATURDAY, APRIL 19, 1884. No. 16

H. A. COTTELL, M. D., - - - - - - - - Editor.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

TUBERCLE INOCULATION IN THE DEAD-HOUSE.

The Paris correspondent of the British Medical Journal notes a case reported by M. Verneuil, at a recent meeting of the Académy de Médecine, which would seem to show that tuberculosis may be acquired through inoculation by persons who make post-mortem examinations:

In July, 1877, a house-surgeon (interne) at the St. Eugenie Hospital, who performed all the post-mortem examinations, one day noticed a papule at the base of the nail of his third finger. The apex presented a white spot, and a few drops of pus escaped from it. It was frequently cauterized, but the phalanges became attacked and a cold abscess spread over the back of the hand. After three years' treatment, having failed to produce any improvement, M. Verneuil amputated the finger. The house-surgeon was believed to be cured, and practiced in the provinces. Quite recently he has been again attacked by cold abscesses in the lumbar region, causing intense pain; during violent attacks of pain the arms exhibit clonic convulsive movements. M. Verneuil has operated a second time. He is convinced that his patient became inoculated with tuberculosis when performing a necropsy. A similar misfortune happened to Laënnec. One day, when operating on a tuberculous patient, he slightly cut himself with a saw. A swelling appeared on the wounded part. Laënnec cauterized it with antimony-chloride. The swelling disappeared, but twenty years subsequently he died from tuberculosis.

Leaving out of the account the case of Laënnec, which would seem to give the disease a little too much latitude in latency, the great physician having had abundant opportunity to contract phthisis in other ways, through his almost life-long contact with tuberculous patients in his investigations of the disease through the hospital wards, the case of Verneuil is sufficient to fix attention upon the point in question. And doubtless many more of the same kind could be found, should a careful investigation of the subject be undertaken.

The discovery of the bacillus tuberculosis and the subsequent thorough investigation of tuberculous disease have placed beyond doubt the fact that it can be transmitted from animal to animal with the utmost ease through inoculation, while the failure of antiseptics, except in concentrated form, to reduce the virulency of tuberculous matter, puts the risk of accidentally acquiring phthisis in the first place among the perils of post-mortem work.

As an example of the readiness with which the germs of tubercle may be planted in the living animal, the following, taken from Watson Cheyne's observations in Koch's laboratory, should be seriously pondered. He says:

"On August 1st a rabbit died which was inoculated, on July 6th, into the eyes with the sixteenth cultivation from a case of spontaneous tuberculosis of a monkey, the first cultivation having been made on October 14, 1881. In the right eye the point of the syringe was introduced into the anterior chamber, and *the piston only just touched.* In the left eye the point was introduced, but immediately withdrawn again, *the piston not being touched.* The right eye was seen to be completely converted into a cheesy mass, and tubercles were present in the conjunctiva, especially at its reflection. The left eye still showed well-marked tuberculosis of the iris, with commencing caseation at the point of inoculation, and tubercles in the cornea. The glands below the jaw were enlarged and beset with grayish points. The

lungs, liver, and spleen were full of minute tubercles. These were largest in the lungs, where there was commencing caseation at the center of the nodules, with hemorrhages around the cheesy points."

Mr. Cheyne cites three other instances in which the animals, inoculated in the same manner, presented, after about the same lapse of time, essentially the same tuberculous lesions.

With these facts in view, it is time that those who pursue the study of pathology in the laboratory or dead-house should take warning, and that the too common carelessness of this class of operators should be corrected. "A little leaven leaveneth the whole lump," and just as surely will an infinitesimal particle (a single bacillus, if you choose,) of tuberculous matter, entering beneath the epidermis diffuse (proliferate, and swarm) through the body until the whole man is made tuberculous.

As he who experiments with nitro-glycerine takes the chance of being hoisted into eternity, so he who cuts and handles the affected organs of a tuberculous subject runs great risk of being called to take passage for the same point by a more tedious and painful route. A slip of the knife or a prick of the needle may rob a young man of a life which is just beginning to be worth the living, or shut off from science the effulgence of a brilliant light. Being forewarned, let the physician then be fore-armed against this great peril, going into every doubtful post-mortem well fortified against slips and abrasions, and, remembering that antiseptic washes and lotions are here of little or no avail, let him use the only certain means of protection in reach, a pair of thin rubber gloves; for no matter how much he may dislike shams or undue refinements in practice, or shrink from the imputation of cowardice or affectation in the dead-house, he will not lose caste or credit with any wise member of the profession if he openly avows the opinion that a tuberculous cadaver is at least one subject which should not be handled without gloves.

SPECULUM MATRICIS.

Much has been written recently about the loss of this valuable work, the property of Dr. Fordyce Barker, whose copy was supposed to be the only one extant. The circumstances of its mysterious disappearance with the strange man who had been employed to make a copy of it are already familiar to our readers. The book is either lost or in the hands of some moldy second-hand dealer who may hope to make a raise by its sale. A letter from Dr. J. H. Averling to the British Medical Journal shows that the loss of this copy is not so serious as was at first supposed, since another copy "exists (dated 1671) in the Radford Library of Saint Mary's Hospital, Manchester."

Sainted old James Woolveridge, the author, looking down from some heavenly hill upon this ungrateful world, must have indulged in a smile which betokened a faint trace of the old Adam in his soul as he reflected upon the slender chance which had brought his once influential name before the medical profession after it had been all but forgotten for more than two hundred years.

The medical writer as a rule must be content with contemporary honors. The chances are that in less than half a century after his death none but the book-worm will know even his name, no matter how hard he may have worked or well he may have written.

NOT ROUGH ON RATS.

According to M. Pouchet, the French rat is proof against the trichinæ of American pork. A quantity of pork condemned by the sanitary inspector was fed to five rats for six weeks without effect save a slight diarrhea. Specimens of the rats' muscle were carefully searched, but no trichinæ were found.

This would seem to make against the theory, held by some wiseacres, that the rat is one of the articles of diet through which the

hog acquires the trichina. We must confess that we have always been inclined to doubt the theory, in view of the fact that cats are known to thrive upon raw rat flesh, and that a diagnosis of trichinosis has never to our knowledge been made in a sick cat.

Query: Was the pork salted or smoked, and if so, were the trichinæ alive? or might not the pork have been held so long by the inspectors that the parasites were already dead of old age at the time of the experiment?

THE ANCHORAGE ASYLUM.

On the 14th instant the Governor appointed Dr. H. K. Pusey, of this city, Medical Superintendent of the Anchorage Insane Asylum in the place of Dr. R. H. Gale, resigned. Dr. Pusey is a Kentuckian, a gentleman, and a physician of high attainments. In his appointment the profession is honored, while the State secures an able and efficient officer.

Bibliography.

Veterinary Medicine and Surgery in Diseases and Injuries of the Horse. Compiled from Standard and Modern Authorities and edited by F. O. KIRBY. Illustrated by four colored plates and one hundred and sixty-eight wood engravings. (Wood's Library of Standard Medical Authors.) New York: Wm. Wood & Co. 1883.

This book, though put forward as a compilation, is one of the most attractive and readable of this particular series, and must prove popular with all persons who have much to do with horses. To the physician especially its value is manifest, for, though somewhat out of his line of study, more or less technical knowledge of horse flesh, in an anatomical, physiological, and pathological way, is expected of him by virtue of his familiarity with the human body in health and disease.

In the work under notice will be found quite as much practical information relative to the management of sick horses as the physician can find time to acquire, and the author has developed his theme so systematically and with such simplicity in wording and fullness of illustration that, with a general knowledge of medicine, a mastery of its contents can be gained almost at a single reading. The volume contains 332 pages which are divided into fifteen chapters. In these the following topics are discussed:

Chapter 1, Introduction, devoted to Nursing, Feeding, Water, Methods of Administering Medicine, Slinging, Casting, Bandaging, and Various Appliances for the Managing of Sick, Injured, or Unruly Horses; Chapter 2, Diseases of the Respiratory Organs; Chapter 3, Of the Digestive Organs; Chapter 4, Of the Brain and Nervous System; Chapter 5, Of the eye; Chapter 6, Of the Liver; Chapter 7, Of the Urinary Organs; Chapter 8, Of the Skin; Chapter 9, Diseases and Injuries of the Legs; Chapter 10, Of the Feet; Chapter 11, General Contagious and Entozoötic Diseases; Chapter 12, Flesh Wounds; Chapter 13, Ulcer and Fistulæ; Chapter 14, Age, as Indicated by the Teeth; Chapter 15, Posological Table for the Horse, with the Action of Medicines.

So far from losing, the value of the work is enhanced in that it is a compilation, for the author has thus been able to select with rare judgment the best teachings of the most noted authorities in veterinary medicine and surgery, which make the book not only an admirable working manual, but an excellent introduction to the study of the more elaborate works in this department of medicine.

A Manual of Practical Hygiene. By EDMUND A. PARKES, M. D., F. R. S., edited by F. S. B. FRANÇOIS DE CHAUMONT, M.D., F.R. S. Sixth edition, with an appendix giving the American Practice in matters relating to Hygiene, prepared under the supervision of Frederick N. Owen, Civil and Sanitary Engineer. Vol. 2. (Wood's Library of Standard Medical Authors.) New York: Wm. Wood & Co. 1883.

We gave our readers a notice of the first volume of this work some months ago. The body of the book has long been classic in this department of scientific literature, and is well known to all who take interest in sanitary matters. A noteworthy feature of the second volume is the appendix, devoted to the American Practice in matters of Hygiene, which has been prepared under the direction of Mr. Owen.

This part of the work consists of an introduction, relative to general sanitary matters in the United States, and treatises upon the following subjects:

Water, by Elwyn Waller, Ph. D., Chemist to the Health Department of New York City; The Characters and Distribution of American Soils, by N. T. Britton, Ph. D.; Climatology and Meteorology, by J. G. Richardson, M. D., Professor of Hygiene in the University of Pennsylvania; Ventilation and Warming, by D. F. Lincoln, M. D.; Removal of House-waste, by Edward S. Philbrick, M. A., S. C. E., Boston, Mass.; Food Adulteration, by E. G. Love, Ph. D.; Disinfection and Deodorization, by Roger S. Tracy, M. D., Sanitary Inspector of the Board of Health, New York; Vital Statistics, *ibid*, and Some Hints to Sanitary Inspectors, by Frederick T. Owen.

These articles have been carefully prepared by men of recognized authority in hygienic science, and serve to adapt the work in every way to the needs of the profession in America.

Corpulence, and its Treatment on Physiological Principles. By Dr. WILHELM EBSTEIN, Professor at Goettingen. Translated and adapted for popular reading, by Emil W. Huber, M.D. New York: Brentano Bros. 1884.

The fundamental idea of this little book is that the obese patient must follow a reduced regimen for his whole life. The author differs from Banting in allowing fatty food in abundance. Meat and fat are his chief articles of food. Sugar, starch, and foods which contain them are forbidden, but one great hydro-carbon group, the fatty substances, may be indulged in without stint. This system is much less trying than the old Banting plan, and on the author's account is certainly as successful as that ever claimed to be. J. W. H.

Correspondence.

RUPTURE OF ABDOMINAL MUSCLES DURING LABOR—STRANGULATED UMBILICAL HERNIA.

Editor Louisville Medical News:

Mrs. H., aged fifty-four years, weight three hundred and twenty pounds, height five feet two inches, had borne eight children. During her last labor, sixteen years ago, she suffered much more than usual on account of the large size of the child. In one of the severest expulsive pains, which she was assisting with all her volition, she suddenly felt something tear and give way about the umbilicus, accompanied by excessively sharp pain.

There was no decided fever during the following week, but more or less local tenderness was noticed. Patient was out of bed in eight days, when she first noticed a small tumor at the umbilicus. This mass was reducible, and the rent in the abdominal muscles, under the skin, was easily made out. It was about two inches long.

The knuckle of intestine was kept back by a bandage for a time; but as the years went on the bandage became oppressive and was not worn. The hernia continued to enlarge until it reached the dimensions of a full sized modern "plug" hat, and was suspended from the abdomen like a huge lipoma. Pads, compresses, bandages, etc., of various kinds were tried without avail. The hernia was reducible only with great difficulty, and continuous pressure was insupportable.

Of late years, strangulation with all its horrors—stercoraceous vomiting, collapse etc.—had occurred several times; but I was always fortunate enough to reposit the gut in a very short time. A radical operation was proposed, but firmly declined.

During the last attack of strangulation I was not sent for until about thirty-six hours after the onset. The family had faithfully tried the usual measures recommended by me without avail; hot affusions, large and repeated enemas of warm soap water, and gentle taxis, then cold affusions, ether applications and small doses of morphia. It was fully twenty-fours hours before I was able to replace the bowel, check the fecal vomiting and procure a stool. I accomplished this mainly by the hypodermic injection of belladonna, repeated every two or four hours, about two drops of Magendie's solution accompanying each dose.

Patient was so much better on the two days following that all danger was supposed to be over. Temperature 100°, pulse 82, still very weak, but much stronger than during the attack; two normal stools each day.

On the second night I was sent for. The family stated that the patient had been flighty during the day, and showed signs of distress in breathing with frequent smothering spells. I found the patient semi-comatose, pulseless, and cold.

The fact is worthy of notice that dissolution did not take place until at least five hours after the disappearance of the pulse.

How long the patient was pulseless before I arrived I can not say. No autopsy was permitted to be made.

The main points intended to be brought out by the above report, are:

Rupture of abdominal muscles during labor.

Absence of secondary symptoms following this accident.

Enormous size of umbilical hernia.

Preparatory treatment of strangulation, by belladonna and morphia after other means had failed, before reduction.

Death from fatty disease of the heart, following continued shock after convalescense had apparently begun.

L. S. OPPENHEIMER, M.D.
SEYMOUR, IND.

Selections.

SOME NOVELTIES IN THE TREATMENT OF NASAL POLYPI.—In the removal of polypi, whether by snare, forceps, or cautery, it is very difficult to be quite sure that the whole of the growths has been extracted. It is probably due in part to this uncertainty that polypi are so liable to recur. Often, no doubt, rootlets or fragments of one or more of the growths remain behind. If therefore we can by more thorough extirpation avoid this uncertainty the chance of recurrence is so far diminished; for though it is possible that the diseased mucous membrane has a tendency to reproduce the same morbid overgrowth, yet, *cæteris paribus*, the more complete the operation the less will this tendency show itself. The object then to be attained is to detach the polypi as close to the bone as possible, and it is even better in some cases to remove a portion of the turbinated bones with them. It is generally tolerably easy to get away those polypi which hang near the anterior apertures of the nostrils, but for the complete removal of those more deeply situated the usual methods are often insufficient. To meet this difficulty I have devised the polypus ring-knife (made by Messrs. Krohne and Sesemann). It consists of a rod of softish steel (which allows of being somewhat bent to any desired curve), which, with the handle and the ring-knife, measures eight inches and a half. The handle resembles that of a door-key, and is large enough to admit two fingers; at the other extremity is the knife, of oval form and one inch and a quarter long, being at its widest part five eighths of an inch broad. The outside of this ring is thick and blunt, its inside beveled, and with a cutting edge extending round the semicircle farthest from the handle. The knife when used is passed along the lower part of the nostril with its sides parallel to the septum, until it reaches the posterior aperture of the nares. At the same time the forefinger of the left hand is passed behind the velum palati and hooked up in the posterior aperture of the nostril. If there are any pendulous portions of polypus in the pharynx they can now, by a little manipulation, be slipped through the ring of the knife, which is then directed by the finger toward the outer wall of the nostril. The instrument is then slowly withdrawn, and, as it passes forward, is made to scrape away the polypi from their attachments to the bone. The operation is necessarily painful, and can be best done under an anesthetic, the mouth being kept open by the use of a Mason's gag. The instrument thus used can be directed with considerable precision, and is, I think, preferable to forceps, when the polypi are deeply seated, and especially when of the sarcomatous or firm myxomatous variety. If the antrum is involved, the blade may be passed into it after the curve of the shank has been somewhat altered. But to reach the extreme depths of this cavity the ring-knife used by Meyer for adenoid vegetations of the pharynx is well adapted. I have succeeded quite recently in clearing out the antrum with these two instruments in a case of recurrent myxo-sarcomatous polypi, without laying open the alæ nasi. In this case, however, I followed up the treatment by the application at intervals during several months after of the acid pernitrate of mercury to spots on the surface of the mucous membrane, at which there seemed a tendency to return of the growths. The application of nitric acid, or acid pernitrate of mercury or similar fluid escharotic, in such a narrow channel as the nostrils seems at first sight a somewhat formidable and dangerous proceeding; but when carefully done with the aid of the platinum cannula, and under a good light from the short-focus mirror, the proceeding is not really dangerous nor painful. The platinum cannula is guided carefully to the spot to be cauterized. A pencil of wood previously dipped into the acid is then passed along it, and when it reaches the aperture in the cannula is made to press against the diseased tissue. The surround-

ing parts are thus completely protected, and if the point charged with the acid is again drawn into its sheath before the instrument is withdrawn only a limited area of mucous membrane is touched. A slough, of course, forms, and becomes detached in the course of a week, or less. This plan has succeeded very well in some of my cases. It should, I think, be employed in all cases of polypi, whether gelatinous or sarcomatous, after the removal of the principal mass, but, of course, only after such an interval has elapsed from the time of the first operation as to allow of all swelling having subsided, and so to enable the operator to get a clear view of the parts with the rhinoscopic mirror. From three weeks to a month from the first operation is about the best period. It is, I think, only by repeated applications at intervals of a few weeks for several months that we can hope for a satisfactory result. I am not prepared to say that this plan is never followed by recurrence of the diseased growths, but I think it offers a good prospect of retarding it in all cases, and it has certainly appeared to me to delay the recurrent form of polypi from reappearing for an indefinite time.—*W. Spencer Watson, F.R.C.S., in the Lancet.*

Lesions of the Eye due to Rheumatism.—Prof. Panas lately delivered a very interesting lecture at his clinic at the Hotel Dieu on this subject. He began with the statement that the relation between affections of the eye and the different diatheses was little known among the ancients, and it was only at the end of the last century that the idea of connecting rheumatism with diseases of the eye was entertained. The classification of ocular affections was somewhat confused as regards the diathesis. Thus we find acute glaucoma classed among the rheumatic affections of the eye. In our own time there is less confusion in the classifications; but, notwithstanding the improved methods of diagnosis at our disposal, there is yet a great deal to be done in the way of assigning each disorder or group of disorders of the eye to its proper diatheses. For instance, iritis is for the most part ascribed to syphilis; it is, indeed, the tendency of the day to put down almost every manifestation of disease to that affection. According to M. Panas, the proportion of iritis due to syphilis is not nearly so great as is generally given in classical works on ophthalmology, and a larger margin may be left for rheumatismal iritis, with which iritis of syphilitic origin is so frequently confounded. The one is perfectly distinguishable from the other, the former assuming always the serous form, whereas the latter assumes the plastic form. Rheumatismal iritis is, therefore, also termed serous iritis, and is accompanied by extravasation of fluid into the anterior chamber of the membrane of Descemet, which M. Panas considers pathognomonic of this affection. Moreover, the synechiæ that are produced in rheumatismal iritis are easily broken; this is an important element in the prognosis of the disease, and is to be met with only in rheumatic subjects, particularly of the chronic form; it is very frequently also found among gouty individuals, but it exists rarely as a complication of acute articular rheumatism. The cornea is less susceptible to the influence of rheumatism; and, strange to say, the sclerotic is not mentioned in this connection, as *a priori* the fibrous nature of this membrane would seem to point to it as the seat of predilection of the manifestations of a rheumatic or gouty nature. After entering into considerations of other parts of the eye in connection with rheumatism, Prof. Panas stated that ophthalmologists are as yet undecided as to classifying conjunctivitis among the manifestations of rheumatism, as it is so easily confounded with conjunctivitis resulting from other causes. As regards treatment, the lecturer dwelt upon the necessity of combining general with local measures, keeping in view the diathetic connection that may exist between rheumatism and the ocular affection, without which the treatment must end in a lamentable failure; thus, salicylic acid for the rheumatic diathesis, mercury for the syphilitic, colchicum for the gouty, and iodine for the scrofulous.—*Lancet.*

Chloroform Albuminuria.—In man, after the administration of chloroform vapor, as in a prolonged operation, the urine sometimes contains albumen for a short period. Mr. Bouchard has recently read a paper on death following the subcutaneous injection of chloroform in animals. The injection of one cubic centimeter of chloroform, having a mean weight of 1709 grams, under the skin of the thigh of rabbits, was always followed by albuminuria and death in three days. If the dose injected be less, death may ensue after one or more injections. In the dog the injection of one cubic centimeter of chloroform per kilogram of body-weight gives rise neither to albumi-

nuria nor death. To bring about a fatal result, two cubic centimeters per kilogram of body-weight are required. Neither the rabbit nor the dog ever suffered from any local effects (inflammation or gangrene) at the site of puncture. In man, M. Bouchard has never observed albuminuria after the subcutaneous injection of chloroform, even when the dose was as large as five cubic centimeters. Histological examination of the renal tissues of rabbits after death resulting from the subcutaneous introduction of chloroform showed merely intense congestion. The blood is said not to have contained an excess of urea. Uremia can not, therefore, be the cause of death, so argues M. Bouchard; neither is there a direct poisoning by chloroform. Furthermore, when twenty cubic centimeters of chloroform, after having been dissolved in alcohol and water, are introduced directly into a vein, anesthesia is produced, and albuminuria and hematuria result, but the animal always survives. Death is, moreover, not due to reflex action, for it ensues if all the nerves of the leg on which injection is performed be divided.—*Lancet.*

The Capillary Pulse.—In a dissertation recently presented to the Paris Medical Faculty, and commented upon in the *Gazette Hebdomadaire de Médecine et de Chirurgie*, M. A. Ruault draws attention to the physiological and clinical characters of the visible capillary pulse. It is well known that, under normal circumstances, the flow of blood, which is intermittent in the arteries, becomes apparently continuous in the capillaries. It has, however, been proved by Frank, Fick, Mosso, and others, that the volume of every organ is slightly increased during each contraction of the heart. This physiological capillary pulse can be felt easily in the hand or foot when these are compressed with a tight glove or shoe. In certain cases the pulsations become visible, especially in the subungual tissue of the fingers and on the skin of the forehead; but they may be observed also on the inner surface of the lower lip, in the fundus of the eye, and on the skin of the abdomen, thighs, and hands. A physiological pulsation can often be elicited and seen in the pulp of the fingers by pressing them gently against a decanter full of water, and looking at them through the fluid and glass. This experiment succeeds best when there is some temporary cardiac excitement; for example, during digestion. Another method, described by M. Gauteir, consists in freezing a finger with an ice-bag. When the finger begins to thaw, subungual pulsations become visible and last some hours. Lebert was the first to notice capillary pulsations on the cheek of a patient suffering from aneurism of the aorta. Quincke, in 1868, and Becker, in 1871, published papers on the subject: while M. Gripat showed that subungual pulsations were most marked in cases of aortic lesions. An English practitioner then had the idea of studying the capillary pulse on the red patch which appears on the skin of the forehead after it has been rubbed with the finger. Alternations of redness and pallor become visible on the border of the patch. The patient must be placed at some distance from the observer, and in a good light. Under some abnormal circumstances, the capillary pulse becomes very apparent and nearly constant. This is especially the case in compensated aortic regurgitation; there are then hypertrophy and dilatation of the heart, diminution of elasticity of the arteries (with or without atheroma), and spasmodic contraction of the capillary vessels. All these conditions, as will be seen hereafter, are favorable to the appearance of capillary pulsations. The pulsation may be useful for diagnostic purposes when there is considerable dyspnea, and when pulmonary *râles* or pericardiac friction sounds prevent a satisfactory examination of the heart. Dr. Tapret is said to have diagnosed an aortic lesion in one of his friends by simply noticing capillary pulsations on the red mark left on his forehead after he had taken off his hat.

It must be said, however, that the capillary pulse can not be considered as quite characteristic of aortic regurgitation. M. Ruault has seen it in three cases of interstitial nephritis with arterio-sclerosis, in two cases of arterial atheroma and in two of chlorosis; but in all these the pulsations were less marked than in aortic regurgitation. M. Legroux has observed several cases of well-marked aortic regurgitation where no capillary pulse could be detected. On the other hand, he has seen it appear and last several days in a case of extreme anemia from uterine hemorrhage, and in typhoid fever when the temperature was high; also in atheroma of the arteries without aortic lesion, in general paralysis, chronic lead-poisoning, and tabes. M. de Brun has observed a case of hemiplegia from arterial thrombosis in the brain, in which there was subungual pulsation on the sound side only.

Basing himself on some experiments of Marey and Frank, M. Ruault emits the opinion that the capillary pulse can only occur when the elasticity of the capillaries is diminished; a spasmodic contraction of the arterial walls can counterbalance and even annihilate the effects of their elasticity. It has been proved by Frank that in compensated aortic regurgitation the arterial pressure is increased, and that the capillaries are in a state of permanent spasmodic contraction; their lumen and their elasticity are both diminished, while the systole of the heart is abnormally strong. Under these circumstances, the flow of blood becomes markedly intermittent in the capillaries. This theory is supported by the fact that, in two patients of Dr. Tapret's, the capillary pulse disappeared for a time after an injection of morphia. On the other hand, M. Ruault's theory does not explain the occurrence of the capillary pulse in anemia and typhoid fever, so that further observations are called for and promise to lead to interesting results.—*British Medical Journal.*

GASTROSTOMY IN THE OLDEN TIME.—Dr. James Dixon, in a letter to the Times and Gazette, brings to light the following, which must prove of great interest to the surgical antiquary:

The patient was Andreas Gruenheide, a peasant of Gruenwald, near Koenigsberg. On May 29, 1635, wishing to induce vomiting, he took up a table-knife by the blade and with the handle tickled his fauces. The knife slipped from his hold, and after a short delay in the esophagus entered the stomach. He tried the very simple plan of placing himself with his head downward, but finding that the knife did not stir, he went to Koenigsberg, and applied for advice to Dr. Becker. The whole *collegium medicum* of the city were invited to deliberate on the case, and a further opinion was requested from the medical faculty of Leyden. These learned doctors returned a solemn reply, divided into ten heads, finally sanctioning an operation. Dr. Becker encouraged the man to submit, by relating a similar case which had been successfully operated on at Prague, and then, on July 9th handed him over to Daniel Schwaben, "Surgeon and Lithotomist." All present having joined in solemn prayer for success, the man was bound to a plank, and the surgeon made a vertical incision below the false ribs on the left side, two fingers' breadth long. This seems a very small opening; and, indeed, in all the three drawings it is represented as a full hand's breadth from end to end. Lakin speaks of the "two fingers breadth" as indicating the point below the ribs where the incision was begun, not the length of the incision itself. The abdominal cavity having been opened, the stomach was caught up with a curved needle and drawn forward. In doing this the point of the knife was felt and cut down upon, then seized, and the knife drawn out. No attempt was made to close the wound in the stomach, which is described as spontaneously shrinking together. The external incision was united with five sutures, over which a most fantastically compounded poultice was applied. Nutritive enemata, it seems, were not thought of, and some soup was taken by the mouth on the very day of the operation, and was followed up by a powder and mixture. The patient appears to have resumed his ordinary diet within a few weeks after the operation. The wound healed completely; the man regained his health, and in 1643 was married; the name of the bride and the date and place of marriage being duly recorded by Dr. Becker in his MS. Another proof that the patient was living several years after the operation is afforded by a quaint entry in the diary of John Evelyn. He visited Leyden, and under date of August, 1641, describes his visit to the anatomy school, where, he says, "among other rarities I was shown the knife newly taken out of a drunken Dutchman's gut, by an incision in his side, after it had slipped from his fingers into his stomach. The pictures of the chirurgeon and his patient, both living, were there." In Becker's MS., in his book, and in Lakin's translation, the patient is shown with the incision in his abdomen; and in the margin the knife is depicted of its natural size. The blade and handle together measure about seven inches. Dr. Hagens, in concluding his paper, mentions the celebrated case of "*l'homme à la fourchette*" at Paris, and Félicet's "*taille stomacale*" for extracting a spoon; Schwaben's knife, he adds, completes the *Besteck*.

EMPYEMA FOLLOWED BY ABSCESS OF THE BRAIN.—Dr. de Havilland Hall presented, at a recent meeting of the Clinical Society (Medical Times and Gazette), the following:

S. N., aged nineteen years, a pupil teacher, admitted into the Westminister Hospital, August 20, 1883. The patient had empyema, following an attack of acute pleurisy,

three years previously. She had been tapped, and a drainage-tube left in. When first seen by Dr. Hall at Christmas, 1881, she was suffering from hectic in consequence of imperfect flow of pus; immediately, however, that perfect drainage was established, her condition improved, and for a year she was able to resume her duties. The reason of her last admission into hospital was the hope that the chest had sufficiently fallen in to allow of the withdrawal of the drainage-tube; but when this was done the evening rise of temperature which occurred showed that pus was accumulating, and the tube had again to be introduced. Just as the patient was about to return home, she began to complain of headache; this was followed by vomiting. On the eleventh day from the onset of cerebral symptoms the temperature, which previously had been subnormal, began to rise. There were slight convulsions on the left side of trunk and face, the drowsiness became more profound, and she died comatose. Shortly before death there was a copious purulent discharge from the left nostril. At the post-mortem examination, which was made by Dr. Hebb, the left pleura was found extremely dense, a cavity capable of containing several ounces of fluid lay between the opposing surfaces; elsewhere the parietal and visceral pleuræ were united. On removing the brain, an abscess in the left posterior lobe burst; no other pathological appearance was detected. The abscess, spherical in shape, and about the size of a hen's egg, lay in the white matter, the walls were nearly an eighth of an inch thick, hard, and of a purplish brown color; the contents were a thick greenish pus, which had an offensive odor. In commenting on this case, Dr. Hall insisted on the importance of having a double opening in cases of empyema, the lower one being made, if possible, in the eleventh inter-space—a drainage-tube being passed through the two openings, and the ends tied together. By this means perfect drainage is attained. He claimed the case under consideration as a success, so far as the empyema was concerned, as the treatment was so far beneficial that the patient was able to resume her duties; whereas, prior to the double opening being made, she was much exhausted by the constant suppuration, and consequent hectic. Turning to the question of cerebral abscess, Dr. Hall mentioned some cases in which this disease had followed empyema. In his case the thick abscess wall pointed to its being of many months' duration; the absence of symptoms till toward the end being explained by the seat of the lesion being at a distance from the motor and sensory centers, which apparently were not compressed. The two symptoms which ushered in the terminal period, viz., headache and vomiting, were those commonly observed in such cases. He was unable to give any explanation of the discharge of pus noticed from the left nostril shortly before death. At the autopsy, in spite of careful search, no appearance of suppuration was detected at the base of the brain, and there was no communication between the abscess and the nose.

Dr. Burney Yeo expressed his conviction that the best operative means of evacuating pus from the pleura was that of excision of portions of ribs, as carried out by Sir Joseph Lister at King's College Hospital. He made especial mention of three cases, in all of which the most satisfactory results had been obtained. The opening had generally been made in the seventh intercostal space in the posterior axillary line. This spot was not chosen arbitrarily, but was generally indicated in each case. It was preferable to any point lower down, because of the frequent accumulation of thick layers of fibrin at the more dependent parts, and also because of the fact that the ribs in such cases are usually closely approximated to one another below the level of the eighth rib. He remarked upon the preference of German surgeons for selecting the anterior parts of the chest from the same reasons.

THE IMMUNITY OBTAINED AGAINST A SECOND ATTACK OF CONTAGIOUS DISEASE. One of the most extraordinary and unaccountable experiences in medicine was the immunity secured by a single attack of a communicable disease against future attacks of the same kind. Smallpox, typhoid or scarlatina, for example, was found, as a general rule, to occur only once in the lifetime of the individual, the successful passage through the disorder apparently rendering the body invulnerable. Reasoning from analogy, I have ventured to express the opinion that the rarity of second attacks of communicable diseases was due to the removal from the system, by the first parasitic crop, of some ingredient necessary to the growth and the propagation of the parasite.

The cultivation of micro-organisms, which is now every where carried on, enables us to

realize the smallness of the changes which in many cases suffice to convert a highly nutritious liquid into one incapable of supporting microscopic life. Various important essays bearing upon this subject have been recently published in the *Revue Scientifique*. M. Bouley there draws attention to the results obtained by M. Raulin in the cultivation of a microscopic plant named aspergillus niger. The omission of potash from Raulin's liquid suffices to make the product fall to one twenty-fifth of the amount collected when potash is present. The addition of an infinitesimal amount of a substance inimical to the life of a plant is attended with still more striking results. For example, one part in 1,600,000 of nitrate of silver added to the liquid entirely stops the growth of the plant. And now we come to the important application of this fact which has been indicated by M. Duclaux. Supposing the aspergillus to be a human parasite—living contagium—capable of self-multiplication in the human blood, and of so altering the constitution of that liquid as to produce death; then, the introduction into the blood of a man weighing sixty kilograms of five milligrams of the nitrate of silver would insure, if not the total effacement of this contagium, at all events the neutralization of its power to destroy life. The index finger here points out to us the direction which physiological experiment is likely to take in the future. In anticipation of the assaults of infectious organisms, the experimenter will try to introduce into the body substances which, though small in amount, shall so affect the blood and tissues as to render them unfit for the development of the contagium. And subsequent to the assault of the parasite he will seek to introduce substances which shall effectually stop its multiplication. There are the strongest grounds for the hope that in the case of infectious diseases generally, such protective substance will be found.—*Prof. Tyndall, in the Pallmall Gazette.*

Mullein in Phthisis.—The purchaser should take care that he gets the great mullein (verbascum thapsus), which can be distinguished from the other mulleins (which are comparatively useless) by its thick mucilaginous and woolly leaves, as these other mulleins are frequently supplied by design, or as often by ignorance. When the great mullein leaves are very young, they bear strong resemblance to young foxglove leaves.

The quantity of mullein is three ounces of the green leaves, which should be boiled for ten minutes in a pint of new milk. This should be strained, slightly sweetened with lump-sugar, and drunk warm. This quantity should be taken twice or three times a day, and is liked by the patients. There is no doubt of its efficacy as a curative in the earlier, and as a palliative in the later, stages of pulmonary consumption; and I have a number of new cases with weighings proving this, which I trust later to present in a very abbreviated form in your columns. The green mullein leaves can be had nearly all the year round, and are very superior to the dried; and it is hardly necessary to add that fresh mullein leaves should be used for each milk-decoction.—*F. J. B. Quinlan, M. D., in British Med. Jour.*

Vaccine Virus Efficacious without the Production of Cutaneous Manifestations.—(*Rev. mens. des. Mal. de l' E.*): The usual supposition is that vaccination has been ineffective if, after several days, the characteristic pustules do not appear. That this is not always the case appears from the experience of the author of this paper. He vaccinated, upon the same day, five infants from three to five months of age with virus from a young heifer, obtained *fresh* a few hours before it was used. In two cases the vaccination *took* unmistakably. In a third, after a few days, there was swelling and also pain at the point of vaccination puncture—the operation having been performed by thrusting a cannulated needle, charged with the virus, into the muscular tissue of the arm. An abscess was supposed to be imminent, and treatment proper for such a condition was adopted, but no abscess resulted. In the fourth case swelling was also noticed at the points of puncture ten days after the operation. In the fifth case there was also slight local swelling. After ten days there remained of the swelling, in these three cases (which alone are of interest in this connection), nothing but a few small nodosities, which, however, could be plainly felt, either in the fatty or the muscular tissue. Traces of them remained for more than six weeks. While they were yet plainly perceptible revaccination was practiced, with all possible precautions, in both arms in each case. Results: In one, redness and swelling in thirty-six hours in both arms, an evidence of the so-called *false vaccination*, which is a local manifestation that the patient is still protected by an antece-

dent vaccination. In the other two cases no result was perceptible. A third vaccination was performed upon one of them, *false vaccination* resulting. These facts, together with the circumstance that similar ones have been observed in the inoculation of sheep, lead to the belief that the vaccinal pustule is not a necessary consequence in order to effectual vaccination; in other words, that some people can acquire the protection afforded by vaccine without the customary eruption. It is also undoubtedly true that there are people who are especially rebellious to the influence of vaccine, and still others with whom the period of incubation may be protracted through two, three, or even four weeks, but these statements do not militate against the former ones, which are substantiated by that most convincing agency, personal experience.—*Archives of Pediatrics.*

PROPHYLACTIC MEASURES IN SCARLATINA AND IN DIPHTHERIA.—(*Arch. f. Kinderh.*): The author in this paper makes a new attempt to incite the medical profession to more decided efforts at prophylaxis in these two dangerous diseases. He justly remarks, that among the lower classes isolation of their sick children is absolutely impossible. Disinfection becomes an illusion, and the only means in the present arrangement of things by which the State can interfere consists in the closing of the schools at those times when the diseases are prevalent. In addition, Henoch advises the exclusion of all the children of a family in which a case of either of these diseases exists, not only from the houses of their schoolmates, but from all places where children are in the habit of congregating. This provision should be enforced by the State, with punishment attached to its disobedience. The closure of the school should continue for eight days in a time of the prevalence of scarlatina, and for fourteen days if diphtheria prevails. The schools which are attended by the poor, however, should be closed for at least four weeks in the time of diphtheria, and a competent commission should decide at the end of these periods whether the conditions then warrant the reopening of the schools.—*Ibid.*

ELECTROLEPSIS OR CHOREA ELECTRICA.—(*From Abstract in Jahrb. f. Kinderh.*): The chorea electrica of Dubini and the Italian physicians occurs frequently in Lombardy. It begins with pains in the head, neck, and loins, is followed by contractions similar to those produced by an electric current. These appear first in a finger, in an entire extremity, or in one side of the face, and after a few days affect the other side of the body. Together with the contractions there is paresis of more or of fewer groups of muscles; then comes a condition of coma, and finally death. In the chorea electrica of the French and German descriptions there are similar contractions to the others, but the sensorium remains unimpaired. The disease lasts for a few days or weeks, and ends in recovery. Tordeus endeavors to prove from his own cases, and those of others among the Italian, French and German physicians, that this disease has nothing in common with chorea. He proposes to give it the name of electrolepsis. His treatment of the disease has been quite successful, and consists merely in the administration of a gram of the bromide of potash daily.—*Ibid.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, April 6, 1884, to April 12, 1884.

Baily, Elisha I., Colonel and Surgeon, ordered to report to the Commanding General, Division of the Pacific, for duty as Medical Director of that division and of the Dept. of California. (Par. 4, S.O. 78, A.G.O., April 4, 1884.) *Sutherland, Charles*, Colonel and Surgeon, to be relieved from duty in Division of the Pacific and to report to the Commanding General, Division of the Atlantic, for duty as Medical Director of that division and of the Dept. of the East. (Par. 4, S. O. 78, A. G. O., April 4, 1884.) *Baily, Joseph C.*, Major and Surgeon, leave of absence extended three months. (By Par. 8, S. O. 83, A. G. O., April 10, 1884.) *Smith, Joseph R.*, Major and Surgeon, directed to represent the Medical Dept. of the Army at the annual meeting of the Americal Medical Association to be held in Washington, D. C., on the 6th of May, 1884, and on the adjournment of the Association to return to his proper station, San Antonio, Texas. (Par. 7, S.O. 81, A.G.O., April 8, 1884.) *Sternberg, George M.*, Major and Surgeon, ordered to be relieved from duty in Dept. of California and to report to Commanding General, Department of the East, for assignment to duty. *Moseley, Edward B.*, Captain and Asst. Surgeon, ordered to be relieved from duty in Dept. of the East and to report to the Commanding General, Dept. of the Columbia, for assignment to duty. (Par. 4, S.O. 78, A.G.O., April 4, 1884) *Wilcox, Timothy E.*, Capt. and Asst. Surgeon, ordered to be relieved from duty in Dept. of the Columbia and to report to the Commanding General, Dept. of the East, for assignment to duty. (Par. 4, S. O. 78, A.G O., April 4, 1884.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, APRIL 26, 1884.

Original.

VOCAL GYMNASTICS, WITH REPORT OF CASES.

BY M. F. COOMES, M. D.

Professor of Physiology and Diseases of the Eye, Ear, Throat, and Nose, in the Kentucky School of Medicine, at Louisville, Ky.

It is not generally known that there are a few persons who possess the power of speech, and at the same time are unable to speak properly, simply because they are unable to determine when they have enunciated a sentence or word as it should be; or probably, I had better say, that such individuals are unable to tell when they have the voice properly pitched, or when they have the proper key. Such persons really have no regularity in their tones, as they produce bass, alto, and tenor in a single sentence and in the most irregular manner that can be imagined.

This defect can hardly be called a disease, as there is no pathological change in any tissue associated with the organs of voice. The defect in the voice is in reality due to the lack of knowledge of how to regulate the voice, as is proven by the fact that the subjects of this defect may be relieved by practicing vocal gymnastics, or by exercising the larynx in a proper manner. The diagnosis of such cases of dysphonia is usually quite an easy matter, as the perfect condition of the vocal cords and the structures surrounding them, with the patient's ability to produce perfect vocal sounds, that is, perfect notes when his attention is directed to the effort, will enable the observer to make the diagnosis. The diagnosis having been made, the treatment is matter of small consequence, as it can be carried out by the patient with but little difficulty, as it is entirely dependent on an effort of the will. Medicines are of no value, on the contrary they are harmful.

Inasmuch as the treatment in these cases is to be entirely gymnastic, the first thing to be done is to teach your patient to know when he has spoken a word or sentence in a correct manner. This can easily be accomplished by having him to repeat a certain letter or word until he is thorough master of the manner in which it should be enunciated. When your patient has learned to pronounce the word *ba*, or the letter *d*, in clear, full tone, then he has the key by which he may complete the correction of his voice without the further advice of a physician. I think that it is best to place the patient in company with a friend who has the key, and who will remind him of every mistake that is made. In this way the defect will be overcome in a few days; while, if placed under circumstances where he could not be constantly reminded of his mistakes, it might take a much greater length of time to accomplish the undertaking.

I have had three of these cases under my observation within the last three years; the first occurring in the person of a young medical friend, whose voice was in such a condition as to make his conversation very disagreeable on account of the peculiarly squeaky nature of his tones. I examined his larynx and found its mucous membrane slightly congested, but not sufficiently to account for the great amount of hoarseness and irregularity of voice. Critical inquiry failed to elicit any thing which would lead me to believe that there was disease of any kind associated with the larynx or any of its appendages which would induce such a state of affairs as existed. I then requested the patient to repeat certain words after me. This he was able to do in almost every instance with perfect accuracy. I had him to repeat the experiment till I was thoroughly satisfied in my own mind that the perfect

tones which he produced were not accidental. Having assured myself on this point, I told him that there was nothing wrong with his larynx, and that it was only necessary to exercise the voice in order to be able to speak perfectly and with ease. He expressed a little surprise at this, and then said that he had a letter of introduction to a physician in a distant city; and that he felt compelled to present this letter, and obtain the advice of that gentleman before acting on what I had recommended, inasmuch as he had promised a friend to have this doctor in the distant city to treat him. He called on the doctor,who examined him and confirmed what I had said about the case, and gave him a lesson in elocution, and instructions how to continue the practice, which he did with the result of obtaining perfect relief, and to-day he has as perfect control of his voice as any ordinary person, who is not a professional speaker or singer.

The second case occurred in the person of a young man, twenty-two years of age, who was employed as a clerk in a store. At puberty his voice underwent the usual change, viz., the change from that of childhood to that of manhood. The change in this instance was imperfect and left the patient with an irregular voice, with almost any range, from a low bass up to a high tenor. His voice was, however, not under his control, as he had no conception of how to manage it, and was unable to determine when he had enunciated a word properly, that is, when it was spoken in the proper key. I assured him of his ability to speak properly if he knew how. At first he became somewhat indignant, but after a time concluded to take my advice, and I gave him a *key* letter, and made him repeat it until he was able to determine when he had spoken it in a correct manner. He then went into the country to spend a few weeks, and when he returned his voice was regular and smooth, and he was able to speak with perfect ease and continue conversation for any length of time without experiencing any fatigue.

The subject of the third case was a young German, twenty-two years old. His history was similar to that of the second. His voice, however, was almost constantly pitched in the tone of a high tenor, and he seemed to labor very severely in talking. In neither of these cases was there any evidence of disease, save slight congestion of the membrane covering the larynx. This was not sufficient to account for the irregularity of the voice. The treatment of the latter case was similar to that practiced in the other two, with result of correcting the defect in three days. I did not anticipate such a rapid recovery; but, however, it did occur, and I think it was largely due to the fact that he was associated with two companions who never allowed him to make an error in speech without correcting him. This patient called on me a few days since to assure me that his relief was permanent, and to express his gratitude for the services which I had rendered him.

It may seem useless to tell professional gentlemen that the voice is capable of cultivation, or, indeed, to even remind the laity that such is the case. It is a well-known fact to those who devote their time to the study and treatment of diseases of the throat that many amateur vocalists experience great difficulty in regulating their voices. This I am sure, in many instances, is from a want of the knowledge of the simplest rules of elocution. Singing is nothing more nor lees than modified talking, and the individual who can not speak in a clear and well-regulated tone of voice can not expect to sing; and if amateur vocalists would study the primary elements of elocution, and cultivate chest capacity, they would avoid many of the difficulties which they experience.

LOUISVILLE, KY.

Miscellany.

DECREASED MORTALITY AND ITS CAUSES. The most marked fact, says the Medical Press, brought out in the recent address of Dr. Longstaff before the Statistical Society is that zymotic diseases and phthisis account for far fewer deaths proportionately than was the case in the pre-sanitation eras; and it is a legitimate conclusion, therefore, that the result of that awakening to the importance of hygiene which has occurred in late years has been to add materially to the life of the people. Such a result would of course be anticipated; but it is, nevertheless, most gratifying to find one's hopes and expectations so irrefutably confirmed as they are by the figures in question. Dr. Longstaff, however, is of opinion that an increase is taking place in the number of deaths arising from cancer, and he shows, also, that the improvement observed in the class of

zymotics as a whole has not been demonstrated in the cases of measles and hooping-cough. In general, it has been found that much more accuracy now obtains than formerly in classifying the causes of death on the part of medical attendants, who appear, judging from the returns, to exhibit both greater skill in diagnosis and higher care in certifying than was accounted essential in times gone by.

LITHIATED HYDRANGEA.—This elegant preparation, from the well-known house of Lambert & Co., is doing good service in the hands of the profession as an alterative and anti-lithic remedy.

A case of lithemia of eighteen months' standing, with distressing local and constitutional symptoms and heavy deposit of uric acid daily in the urine, is reported cured in three weeks, under doses of one dram three times a day, by Dr. George T. Snead, Princess Ann C. H., Va.

Dr. W. H. Macon, Old Church, Hanover Co., Va., says that under its use he has been relieved of the frequent micturition and irritability of bladder caused by diabetes mellitus, from which he has suffered for twenty years, and Dr. John G. Hughes, of Rainsburg, Pa., claims to have found it useful to a marked degree in relieving some of the distressing symptoms of chronic Bright's disease.

The preparation has for its basis two drugs of well-established therapeutic power, and there is no reason why it should not prove to be a remedy of sterling worth in the treatment of many curable forms of kidney disease.

THE Medical Society of London, says the Medical Press, the oldest medical society in this country, if not in the world, celebrated the completion of its one hundred and eleventh year of existence, by its anniversary dinner on Saturday evening, March 8th. There were many speeches, the most noteworthy being of course that of Prof. Huxley. The "uncrowned king of science," as Sir Joseph Fayrer aptly called him, lauded medicine for what it has done in the past for science, and vituperated the Government for what it is going to do for medicine. Thirty years ago, said Professor Huxley, a medical education was the only entrance to the study of chemistry and biology. Sir Joseph Fayrer made many graceful speechlets, and gave the Fellows the very sound, but rather uncourtier-like advice, not to rely for their success on such incidents as princes' visits, but on their own exertions; to which we may add the advice not to depend too much on their presidents. The Society can not expect to have a succession of Sir Joseph Fayrers in the chair.

PEROXIDE OF HYDROGEN AS AN ANTISEPTIC.—In the March number of the Practitioner, Dr. Shelly advocates the use of peroxide of hydrogen as a local antiseptic and astringent. In all forms of ulcer it exerts a beneficial action, especially on syphilitic cases. It is also useful in purulent ophthalmia, otorrhea, gonorrhea, leucorrhea, and in stomatitis and ozena. Dr. Shelly, without wishing to praise it unduly, says that it possesses "powerful antiseptic properties, and moreover is colorless, odorless, cleansing, and stimulating, does not stain or corrode, destroys pus, causes no pain in its application, and is not poisonous."—*Medical Press.*

[The difficulty of obtaining the peroxide was some years ago a barrier to its common use. But now, since it has become popular as an agent for changing the color of ladies' hair, it can be had at a low price of all first-class druggists.]

PEDANTRY REBUKED.—The Medical Times and Gazette, in commenting upon the Latin prescription recently published in the Lancet (and in the Louisville Medical News of the 12th instant) as coming from the pen of a member of the Royal College of Physicians, says aptly, "It is high time for the profession to throw over once for all the foolish pedantry of writing the directions in a prescription in a language which *ninety-nine out of a hundred prescribers* are utterly ignorant of, even in its canine variety."

LEGISLATION FOR THE MARINE HOSPITAL SERVICE.—In the March, 1884, number of the Detroit Lancet, is the following editorial: The ship-owners and sailors have had bills introduced into Congress repealing the tax upon sailors for the support of the Marine Hospital Service, and ordering that the same be supported by the Government. We would like to see the tax and hospitals both abolished. This entire service is an anomaly in our plan of government. There is no more reason why there should be a series of hospitals for the care of sailors, supported by the Government, than that the Government should have hospitals supporting railroad men, or the factory operators,

or any other class of laboring people. Since the Government does not do this for all classes we object to any discrimination in favor of any class. We already have a navy medical service to care for all the sick sailors in the service of the Government. This suffices. Were it needful for the Government to extend aid to any class on the water, it were best done by this service. But there is no need whatever. The sailor would be better cared for and be trained to make a better citizen if he were treated like all other classes of citizens. This matter is one of importance, but it will scarcely receive the attention it demands while the government department to which it belongs deems it of such value in enabling it to exert a powerful influence toward the accomplishment of its purposes. In short, so long as it has so large a patronage at its disposal it will have vigorous defenders, for who will not fight for his bread and butter, and find weapons of offense and defense? The reform in this matter must come from those whose interests are not interfered with by the abolition of this service.

INTERNATIONAL HEALTH EXHIBITION.—The Secretary of the Library Committee sends us the following paragraph, dated April 2, 1884: A somewhat novel feature in connection with the exhibition this year will be the establishment of a library and reading-room, a home for which the Executive Council have assigned in a large double room in the Albert Hall, overlooking the conservatory. Steps have been taken to secure a representative collection of works on vital statistics; of reports and regulations relating to public health; of regulations with reference to injurious trades and of works thereon, and of reports, statistics, and other works on the science of education. Foreign powers have been invited to lend their co-operation in this effort to create an international library of works of reference bearing on the two divisions of the exhibition, and several responses have already been received. India and the Colonies have also been asked to contribute toward the same end. Publishers and authors have likewise been invited to forward copies of their works. In addition to the library of reference, there will be a reading-room to which the current numbers of periodical publications of a sanitary or educational character will be admitted. All books and periodicals sent to the library and reading-room will, under certain regulations, be arranged for the use of visitors, and not merely for exhibition. The books will be submitted to the jurors, and a full catalogue will be issued. All parcels for the library and reading-room should be addressed, carriage paid, to the Secretary of the Library Sub-Committee, Royal Albert Hall, London, S. W.

A FATAL poisoning, supposed to be caused by a specimen of cream sponge, occurred in Louisville last week. A father and his two little daughters fell seriously ill after eating the cake, and one of the girls died. The cake, bought at a neighboring shop, was made by one of our oldest and best confectioners. He claims that portions of the same material used in making this sponge were used in some of his other cakes, and that none of his customers have been made sick by them. The case is still a mystery which it is hoped the chemist will be able to unravel.

BRITISH MEDICAL ASSOCIATION. — The fifty-second annual meeting of the British Medical Association is fixed to take place at Belfast on July 29th next, and three succeeding days, under Dr. James Cuming, of Belfast, the president-elect. Sir Andrew Clark will deliver the address on medicine, Prof. Redfern on physiology, and Dr. G. H. Kidd will give the address in obstetrics.

DIPHTHERIA is alarmingly on the increase in Paris; the number of deaths have shown a steady rise during the last five weeks, the figures being 43, 60, 52, 70, and last week 75. The average deaths from diphtheria in Paris at this time of the year always amount to from 40 to 45 weekly, but it is long since such a figure as 75 has been reached.—*Medical Press.*

ANY doctor can cure a case that doesn't need a doctor; but when death has got hold of a patient, and a physician by insight, skill, fidelity, and courage, fights death, and seizes the victim out of his jaws, the desperateness of the case measures the glory of the skill.—*Beecher.*

THE Baltimore Medical College has reduced the length of its sessions from seven and one half months to five months.

AN epidemic of German is prevailing in New York city. According to the *Record* more than eight hundred of the local doctors are studying the German language.

The Louisville Medical News.

Vol. XVII. SATURDAY, APRIL 26, 1884. No. 17

H. A. COTTELL, M. D., - - - - - - - Editor.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editor is not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITOR OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

A TOXICOLOGICAL PSEUDONYM.

In the daily press and certain medical journals, the compound, which for several years has been advertised far and wide under the classic, euphonious and alliterative title of "Rough on Rats," has been charged with dealing death or serious harm to several persons through poisoning by misadventure or criminal intent. The poisoning of a family in New Jersey by this agent was recently chronicled by the New York Medical Journal, and subsequently an infant, in North Carolina, was reported to have been killed by a dose of the same deadly preparation, given it with criminal intent by its nurse. Last week, in our own city, a case, which we believe has so far escaped the vigilance of the newspaper reporters, was brought to our knowledge by a brother practitioner. A man grown weary of life tried to commit suicide by taking a large dose of this popular poison, and but for timely medical attention would have succeeded in his endeavor.

Relative to the indiscriminate sale of this compound by druggists under a name which gives no notion of its composition, and with statements so worded as to leave the impression upon the mind of the purchaser that it contains no one of the common drugs employed for the destruction of vermin, the editor of the Therapeutic Gazette says:

Some irresponsible person—a servant girl, or a mere child—has asked at the drug store for arsenic to poison rats. The druggist has declined to sell the arsenic, but has ventured to recommend as a substitute an article which always gives complete satisfaction, and which is much better in every way than the dangerous poison asked for. The result has been a reluctant purchase on the part of the customer of a package of the "Rough on Rats," and the next day there has been work for the family physician, if not for the coroner. The druggist has been an unwitting accomplice in one of those dastardly and outrageous crimes which are evidence, not so much of depravity as of a low grade of development, mental and moral, in the perpetrator.

Whose is the fault? To decide that question one must be in possession of all the facts. What is "Rough on Rats"? The manufacturers state that it "is entirely new—different from any thing before introduced"—and that "traps, arsenic, strychnine, phosphorus, and other pastes and poisons fail to completely clear them out," from which we may infer that, whatever it may be, it is *not* arsenic. As the manufacturers may have expected, this illegitimate inference leads in the minds of many to another still less warrantable, viz., that the poison although fatal to rats and vermin, and even to dogs and children, is no such deadly thing as arsenic. At any rate druggists seem to have so understood it. . . . .

The manufacturers can not certainly be blamed, for, whatever misleading statements they have made, they have guarded purchasers by the most emphatic words of caution they could command.

One point only we wish to insist upon, viz., that no active poison should be allowed to be sold for the destruction of vermin, or for any other purpose, without the distinct statement on the label of its composition. The justice and necessity of this is apparent at a glance. Accidents must sometimes occur where these poisons are used. The physician is summoned in haste to a case of poisoning. If it is not already too late for antidotes to have their effect, every moment is precious. But the books do not instruct the physician in regard to the appropriate antidotes for "Rough on Rats" or "Allen's fly bricks." He would know in a moment what to prescribe if sure that he had a case of arsenical poisoning on hand. Otherwise his treatment, based only on general principles, can only accidentally meet the requirements of the case.

Our main purpose in this present writing has been to supply to physicians and druggists the missing item of information in regard to the particular vermin eradicator whose uneuphonious

name heads this paragraph. The poison—"Rough on Rats"—is simply white arsenic, with scarcely a shadow of disguise, a most efficient, but a needlessly cruel minister of the angel of death.

In view of the serious mishaps which now and then result from the common use of this stuff, the thanks of the profession are due our esteemed contemporary for thus making known its active ingredient, since in any case of poisoning by it the physician may be prepared to administer without delay the appropriate antidote.

The experience of our medical friend, who was called to the case above mentioned, well illustrates the unpleasant predicament of the doctor when treating a patient who has swallowed a drug of unknown composition. The symptoms in this case indicating the presence in the stomach of a corrosive poison, our friend first administered emetics and demulcents, and then bethought him of an appropriate chemical antidote. Knowing nothing of its composition, but suspecting that the powder contained some one of the more common poisons, he brought to bear upon it the senses of weight, sight, smell, and taste. By these means (the only ones at hand), he was made reasonably certain that arsenic was the drug in question, and at once gave the chemical antidote, with results which did credit to his judgment and skill.

Of course, many cases of poisoning do occur in which the name of the toxic agent can not be at once, if ever known, and in their management the discriminating sense and skill of the physician is put to the test as in the case above noted. But these unavoidable instances make it all the more important that vermin exterminators should not be sold under names which give no hint as to their composition; for, while the physician may be willing to undertake any trying case or brave any danger which it may involve for the good of mankind and the glory of science, it is a grievous wrong that he should be at any time forced to undergo the *experimentum crucis* because of a fancy name, coined to enrich some manufacturer by concealing the real name of his poison.

If we except possibly the irrepressible bed-bug and the proliferous potato-bug, the poisoning of animals is a disgusting barbarism and a nuisance which societies of the anti-vivisection persuasion should abate. City authorities can easily guard their domains by humane measures against an overplus of dogs, while cats, terriers, and traps are fully competent to make the law of the "survival of the fittest" effective against the final perseverance of the rat.

In this age of business and money getting, we may perhaps find no purely technical reason for censuring the manufacturer for making large profits by selling a cheap common poison at a high price under a fancy title, especially if the Government grants letters-patent on the name, the newspapers advertise it far and wide, and and the State legislatures put scarcely more restriction upon its sale than is laid upon glucose candy, glue-factory jellies with aniline tints, and alum, marble dust and copper in the shape of bread-stuffs. But since the ignorant and the wicked will pervert poisons to their own and others' hurt, it is high time that every legislature in the land should pass a bill making it a criminal offense to retail any poison (under any name) other than upon the prescription of the physician or the order of some other well-known and responsible man.

AMERICAN MEDICAL ASSOCIATION.

The day of the greatest medical event of the country and the year draws near. The American Medical Association convenes on May 6th, in Washington, D. C., and will continue for four days. All necessary preparations are made, and the prospects are good for a meeting in every way creditable to science and American medicine.

The sky is clear, with perhaps the exception of the faint form of that little ethical cloud, the "new code," which is be-

ginning to peer above the horizon, and seems somewhat bigger than a man's hand. We trust that if it gathers force and breaks into a storm, there will be lightning enough to disinfect the air and thunder enough to jar the cerebral molecules of some of our codomaniacs into a healthful action. Our blessings go with our professional friends to Washington. The pressing demands of a weekly journal will keep us at home, where we shall do our best to give such of our readers as can not attend the meeting a satisfactory account of its doings.

Bibliography.

The Field of Disease: a Book of Preventive Medicine. By BENJAMIN WARD RICHARDSON, M. D., LL. D., F. R. S., Fellow of the Royal College of Physicians, and Honorary Physician to the Royal Literary Fund. Philadelphia: Henry C. Lea's Son & Co. 1884.

In the preparation of this work the author has had primarily in view the instruction of intelligent non-medical persons in matters pertaining to the preservation of health. In the carrying out of this idea it can be said that Dr. Richardson has not for a moment forgotten his fealty to the profession or to science, and that the work is in every way worthy of a great physician actuated by motives of sound philanthropy. For it will be conceded that preventive medicine is the noblest theme which can engage the thought of the medical man, while so far from damaging the business of the physician, an understanding of and intelligent regard for the laws of health on the part of the laity must ever make for the dignity and well being of legitimate medicine. People will fall sick, no matter how careful they may be of their health, and, having learned to estimate its worth, when health is in danger they will be none the less prompt to call the physician, whose good offices they have learned to rate at their proper value.

While we believe that the above reflections are true, we can assure any medical friend who may think otherwise that he can comfort himself with the thought that he lives at least an age in advance of the day when the laity will take any rational interest in medicine. As the case stands now it is rational medicine against the quack and the patent nostrum man, and so we fear it will continue to be in spite of popular science, medicine, and hygiene until the millenium dawns upon the earth.

It was not, however, with a view of discussing the merits of Dr Richardson's work as a treatise upon popular medicine that we began this notice, but rather to assure our readers of its real worth to the physician. The author states the plan of his work as follows:

"I strive to trace the diseases from their actual representation, as they exist before us, in their natural progress after their birth back to their origin, and, as far as I am able, I try to seek the conditions out of which they spring. Thereupon I endeavor further to investigate the conditions, to see how far they are removable and how far they are avoidable."

It will be seen that a work developed after so philosophical a plan, and going over the whole range of disease so far as known, is new in medical literature and can not but be of great value to the physician. The work, though written in simple style and with the avoidance, as far as possible, of all new and odd technical terms, is sound, philosophical, and scientific, and a valuable contribution to medical literature. The book contains no therapeutics. Preventive medicine is his theme, and the author has yielded to no temptation which might lead him to digress from a rigid discussion of his text.

The International Encyclopedia of Surgery. A Systematic Treatise on the Theory and Practice of Surgery, by Authors of Various Nations. Edited by JOHN ASHHURST, jr., M.D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromo-lithographs and wood-cuts. In six volumes. Volume iv. New York: Wm. Wood & Co. 1884.

The former volumes of this great work have been noticed in the NEWS as they have appeared from time to time during the last two years, and our readers are already aware of its plan and scope. The present volume deals with the following topics:

Injuries of Bones, by John H. Packard, M. D.; Diseases of the Joints, by Richard Barwell, F. R. C. S.; Excisions and Resections, by John Ashhurst, jr., M. D.; Excision of the Knee-Joint, by George E. Fenwick, M. D., C. M.; Tumors, by Henry Trenthan Butlin, F. R. C. S.; Injuries of the Back, including those of the Spinal Column, Spinal Membranes, and Spinal Cord, by John A. Tidell, A. M., M. D.; Malforma-

tions and Diseases of the Spine, by Frederick Treves, F. R. C. S.

The volume contains nine hundred and eighty-seven pages. Every article is a full treatise upon the subject at hand, written by a master. When complete, the work will stand as a monument to the learning and literary skill of the world's great workers in this department of medicine. The press-work is up to the high standard ever maintained by Wood & Co., and the illustrations have been executed with a skill and truth to nature quite worthy of so important a publication.

Drugs and Medicines of North America. A quarterly, devoted to the Historical Discussion of the Botany, Pharmacy, Chemistry, and Therapeutics of the Medicinal Plants of North America, their Constituents, Products, and Sophistications. By J. U. LLOYD, Commercial History, Chemistry, and Pharmacy, and C. G. LLOYD, Botany and Botanical History. Volume 1, No. 1, April, 1884. Cincinnati: J. U. & C. G. Lloyd, 180 Elm Street. Press of Robert Clarke & Co. Subscription price, $1.00 per year, postage included, to all parts of the United States, and $1.25 to all parts of Europe.

This is one of the most elegant specimens of medical periodical literature which we have ever seen, and the quality of its contents renders it well worthy of the care devoted to its dress.

The present number contains three articles: The first on the Clematis Virginiana (virgin's bower); the second on the Thalictrum Diocium (meadow rue); and the third on the Thalictrum Anemonoides (rue anemone).

These articles are carefully written and freely illustrated with plates of rare finish. The object of the editors is to produce a periodical which, when complete, shall form a compendium of this department of medical botany. They promise papers from some of the most celebrated members of the medical and other professions. The second number will contain contributions from the following eminent authorities: Prof. Roberts Bartholow, Philadelphia; Prof. E. M. Hale, Chicago; Prof. J. M. Scudder, Cincinnati; and Prof. John King, Cincinnati. The micro-drawings and descriptions will be produced by Louisa Reed Stowell, and the illustrations of plants, sections, crystals, etc., by J. A. Knapp. Dr. Fred Hoffman, of New York, and Virgil Coblentz, of Springfield, will contribute on special subjects. The next number, containing Hepatica and Hydrastis, will, we think, be of unusual interest.

The field for good work here is ample, and the venture is creditable and deserving of full success, since, aside from its general scientific interest, it promises to help on the cause of practical medicine.

Report of Proceedings of the Tennessee State Board of Health, Quarterly Meeting, Nashville, April 1 and 2, 1884.

Brain Exhaustion and its Treatment. By J. Leonard Corning, M. D. New York: Reprinted from the New York Medical Journal for December 29, 1883.

First, second, and third Annual Reports of the Secretary of the State Board of Health of West Virginia, for the years ending December 31, 1881, 1882, 1883. By authority. Wheeling: Charles H. Laney, State Printer. 1883.

Medical Education, and the Regulation of the Practice of Medicine, in the United States and Canada. Prepared by the Illinois State Board of Health, and published by permission of the Board. Revised and corrected to March 1, 1884. Chicago: W. T. Keener. 1884.

Moral (affective) Insanity, Psycho-Sensory Insanity. By C. H. Hughes, M.D., St. Louis, late Superintendent and Physician Missouri State Lunatic Asylum, and Lecturer on Nervous Diseases, St. Louis, Medical College. Reprint from the Alienist and Neurologist, April, 1884.

Notes on the Opium Habit. By Asa P. Meylert, M.D., Member of the Medical Society of the County of New York; Member of the Harlem Medical Association, etc.; Physician to the Women's Christian Home, New York. A monograph of 36 pages. New York: G. P. Putnam's Sons.

Aneurism of the Femoral Artery, and a Knife-Wound of the Intestines. By W. O. Roberts, M. D., Professor of Surgical Pathology and Operative Surgery in the University of Louisville. Reprints from American Practitioner, October, 1883, and January, 1884. Louisville, Ky.: John P. Morton & Co. 1884.

Shakespeare as a Physician, comprising every word which in any way relates to medicine, surgery, or obstetrics, found in the complete works of that writer, with criticisms and comparison of the same with the medical thoughts of to-day. By J.

Portman Chesney, M.D., ex-Secretary Medical Society, State of Missouri; Corresponding Member of the Boston Gynecological Society; Professor of Gynecology in the Northwestern Medical College, Missouri, etc. St. Louis, Mo.: J. H. Chambers & Co. 1884. Price, $2.25.

A Manual of Psychological Medicine and Allied Nervous Diseases, containing the Description, Etiology, Diagnosis, Pathology, and Treatment of Insanity, with especial reference to clinical features of mental diseases and the allied neuroses, and its medico-legal aspects, with a carefully prepared digest of the Lunacy Laws in the various States, relating to the care, custody, and responsibility of the Insane, designed for the general practitioner of medicine. By Edward C. Mann, M. D., Member of the New York Medico-Legal Society, with phototype plates and other illustrations. Philadelphia: P. Blakiston, Son & Co. 1883. Price, $5.00; for sale by John P. Morton & Co.

Contagious and Infectious Diseases: Measures for their Prevention and Arrest. Smallpox (Variola); Modified Smallpox (Varioloid); Chicken Pox (Varicella); Cow Pox (Variolæ Vaccinæ); Vaccination, Spurious Vaccination. Illustrated by eight colored plates. Circular No. 2, prepared for the Guidance of the Quarantine Officers and Sanitary Inspectors of the Board of Health of the State of Louisiana. By Joseph Jones, M.D., President of the Board of Health of the State of Louisiana. Extract from the report of the Board of Health to the General Assembly of Louisiana, 1883, 1884. Baton Rouge: Printed by Leon Jastremski, State Printer. 1884.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Editor Louisville Medical News:

Professor Fournier lately delivered a series of clinical lectures at the Hôpital Saint Louis on Tardy Hereditary Syphilis, of which the following is a brief abstract:

Profesesor Fournier began by directing attention to the fact that hereditary syphilis is not limited to early childhood, but that it manifests itself at a later age by grave lesions which are often put down to scrofula. To give a demonstration of these facts and to establish the specificity of the symptoms, he formulated the following characters: Facies of the patient; tardy and incomplete development; cranial and nasal deformities; osseous lesions; cicatrices of the skin and mucous membrane; vestiges of iritis and keratitis; troubles of the eye; testicular lesions; dental malformations; polylethality of young children, and the indifferent health of the parents.

1. *Facies and habitus:* These patients are delicate, puny, and their muscles are scarcely developed, the complexion is pale and of a grayish tint, the skin has an earthy look. In scrofulous subjects, however, the skin is fine and rosy, the upper lip is hypertrophic, the extremities livid and cold.

2. *Tardy development:* The patients speak and walk late, their growth is slow, they remain small and puny. The testicles remain for a long time in a rudimentary state, their virility manifests itself tardily. These different phenomena are comprised under the term "infantalism." It will be seen that in these cases syphilis acts as a general debilitating cause, and that it does not produce specific lesions.

3. *Osseous and cutaneous lesions:* Dr. Parrot connected rickets with syphilis and considered the former to be a true syphilitic lesion. Professor Fournier believes that syphilis, like other maladies, causes rickets in producing atrophy of the organism.

4. *The lesions of the eye, of the auditory apparatus, and of the teeth*, which form the triade of Hutchinson, who principally insisted on the coexistence of these troubles. Prolonged attacks of ophthalmia, specks of the cornea, iritis, interstitial keratitis are often met with. In the auditory apparatus there are purulent discharges, alteration of the tympanum, deafness without any lesion apparent. It is here difficult to say what part to attribute to scrofula and what to syphilis. The same may be said of the alterations of the teeth, as they are not pathognomonic except in certain cases of special deformities.

5. *Testicular lesions:* Syphilitic sarcocele exists in children as in adults. The testicle then presents three principal characters, it is atrophied, hard, or irregular and knotty. Other testicular lesions being very rare in children, the presence of one of these three characters would constitute an item of great diagnostic value.

By the side of these principal groups may be placed hypertrophy of the glands of the neck; arthropathies under the double form

of hydarthrosis and arthropathy deformans; remarkable arrest of intellectual development, ranging from simple backwardness of intelligence to complete idiocy. Outside the sphere of the patient himself there are two very important elements to study in the diagnosis of tardy hereditary syphilis: the great mortality of children in a family on the one side, and information as to the health of the parents on the other. Before disserting on the above symptoms, Professor Fournier observed that on the one hand syphilis manifests itself at a comparatively advanced age, and on the other, having once appeared in early childhood, it reappears later on. This last circumstance is the most frequent. For instance, an infant presents mucous patches in the first months of its existence; it is temporarily cured, and at the age of sixteen it will present a sarcocele of the testicle, or an exostosis of the tibia. In the great majority of cases the accidents supervene between three and eighteen years of age. It is at twelve years of age that the frequency is greatest.

To return to the most frequent manifestations of tardy hereditary syphilis: The lesions of the cornea are rare in acquired syphilis, and very frequent in hereditary syphilis. Hereditary syphilitic or interstitial keratitis principally affects youths from eight to fifteen years of age. It consists essentially in the opacification of the cornea, which affects both eyes. In the first stage the cornea has a speckled appearance, in the second stage it has the appearance of unpolished glass. The great number of vessels of neo-formation may lead one to suppose that there is interstitial hemorrhage. Finally, a third phasis of regression may supervene and in the form of cecity, which may be cured. Here the syphilitic treatment is very efficacious. The mixed treatment should in the first place be adopted, then alternated to prevent injury to the stomach; it should be continued for a long time; locally instillations of atropine and the application of hot compresses. It must not be supposed that syphilis alone could produce keratitis, it enters only in two thirds of the cases as the casual agent. Suppurative otitis, caused by syphilis, presents this character in that it is not accompanied by pain or other reactional phenomena, which circumstance forms a striking contrast with ordinary otitis.

Another case might present itself. An adolescent suddenly commences to hear imperfectly. At the end of three weeks he hears with only one ear, a year later the other ear becomes affected and deafness is complete. The tympani are otherwise healthy, but the deafness is definitive and rebellious to all treatment. The deafness may result in deaf-mutism. A great number of deaf-mutes may, therefore, be looked upon as hereditary syphilitic subjects in whom the affection of the ear, still unknown in its nature, is produced in this special manner.

As regards the bones, hereditary syphilis manifests itself by two sorts of lesions, osteo-periostitis and osteitis hyperostosants. The first affects principally the tibia; it presents the special character of being multiple in the same subjcet, and very often symmetrical. Osteitis produced under the same hereditary influence has the property of being productive, that is, hyperostosant, hence the two characters of form and size. It produces an increase in the size of the bone and determines massy hyperostosis. The deformities thus produced have sometimes a special character. In the tibia, for instance, it produces a sort of arched incurvation, which may be mistaken for rickety deformity. Moreover, the anterior edge of the bone is thickened, blunt, and the ridge no longer exists. This double aspect is altogether characteristic, and is only met with in subjects affected with hereditary syphilis.

The monkey that was inoculated by Dr. Martineau on the 16th of November, 1882, with syphilitic matter, and which was referred to in the NEWS of the 1st instant, has, since that report, had an epileptiform fit, which Dr. Martineau considers to be an attack of true syphilitic epilepsy, which, however, he qualified as precocious, as the animal was attacked on the 29th of October, 1883, which would make it only a little over a year. Owing to the shortness of the period that elapsed since the first manifestation of syphilis, which, it will be remembered, took place on the 18th of December, 1882, that is, about a month after the first inoculation, a great number of the members of the *Societé Médicale des Hôpitaux*, before which Dr. Martineau read his last report, questioned the epileptic nature of the attack referred to. Some time after, the monkey, which is of the dog-faced type, was affected on the scrotum with a papulo-hypertrophical syphilide and a papula erosive eruption on the palate, which made Dr Martineau conclude that the evolution

of syphilis in this monkey is following exactly the same course as it does in man.

PARIS, March 28, 1884.

ON THE MANAGEMENT OF THE INSANE AND IDIOTS.

Editor Louisville Medical News:

A prominent member of the State Medical Society sends the following, which the Fellows might do well to read and ponder before going to the meeting in June:

To the Members of the Kentucky State Medical Society:

In view of the interest which, as medical men, we should take in all diseased conditions to which mankind are ever subject, individually and collectively, through which interest we should be constantly seeking the best means for the prevention and cure of disease and the amelioration of suffering; and, as a large proportion of our diseased fellow beings known as lunatics and idiots require the closest attention and most humane care and treatment, it is a matter of the gravest import to us as citizens, humanitarians, and physicians; therefore be it

Resolved, That we regard the present existing laws for the appointing of a superintendent, assistants, wardens, etc., and the general control and management of our asylums for the insane and idiots as inadequate to the requirements of the enlightened civilization and medical science of the present day.

With the view to the improvement of these matters, be it further

Resolved, That a committee of five or seven members of this Society be appointed by the President, whose duty it shall be to examine the laws regulating the management of insane asylums of other States, and, if accessible, the laws of the best managed asylums of Europe; when, after due and satisfactory examination, they shall draft a series of articles, in which shall be incorporated what is deemed best and sufficient of the present existing laws; these shall be submitted to this Society at its next annual meeting for approval, when, if approved, a committee shall be appointed to present these articles at the next following session of the legislature, praying that body to consider our petition and make it a law.

Selections.

THE PARASITES OF THE BLOOD IN HEMATOCHYLURIA.—Within the past few years Manson (at Amoy) made some very curious and interesting observations on the origin and development of these parasites. According to this authority, the embryos of the *filaria sanguinis* never attain to full growth in the human body. They seem to abandon man for a medium more propitious to their growth, but not without the hope of return. They find in mosquitoes a place of temporary sojourn. The male mosquito has no sting, and does not live on human blood. It is the female mosquitoes alone which attack human beings, and which thus absorb with the blood the embryos of the *filaria*, and which are found in their stomachs in considerable abundance. The greater portion of them are partially digested, while the remainder grow in a space of time not exceeding six days so large as one fifteenth of an inch. Henceforth these are visible larvæ, active, and of more complicated organization, for they possess an intestinal canal, and their cephalic extremity is furnished with organs of perforation, by which they ultimately reenter the human body.

The female mosquito deposits its eggs on the sea border, and dies. The larvæ of the *filaria* then become free. Manson supposes that most frequently they obtain admission into the human organism through the stomach, being contained in the water, which is never filtered, drunk by the natives. It is admitted by him, likewise, that they are able to penetrate the skin and thus reach the blood, as he believes happens through bathing in water infested with these larvæ. However introduced, they seek in the human body a field more suitable for their existence than the intestinal mucous membrane or the subdermic tissue, and this field being found, they multiply. All this, according to Manson, it is easy to prove, as he has frequently satisfied himself in the following manner: A Chinese afflicted with hematochyluria was inclosed during the night in a mosquito net, one side of which was left open for a few minutes. A light placed by the side of the subject attracted the mosquitoes, and as soon as they were present in sufficient number the net was shut and the light extinguished. The following morning Manson collected with ease the mosquitoes gorged with the blood of the subject, inclosed them within suitable vessels, and followed step by step the successive development of the *filaria*, of which their stomachs were full.

The adult parasite in the human body is a rarity. Bancroft, however, states that he has observed it attain to the size of four inches long in the human body; and in this case it has some resemblance to the *filaria* of Medina, which, under certain conditions, attains to dimensions even more considerable. There are still some prob-

lems presented by this subject difficult to solve. Thus, why are the embryos of the *filaria sanguinis* so abundantly distributed in the blood during the night? Why are they so rare during the day? It seems probable that each night a new generation is begotten, to disappear the following day. It is certain that during the day these parasites are hidden in some parts of the economy inaccessible to the experimenter. As to the spontaneous elimination of the embryos of *filaria*, this is accompanied by the various channels of secretion and excretion; they are found especially in the urine, but sometimes even in the tears.—*Medical Press.*

Case of Bell's Paralysis followed by Contraction of Facial Muscles.—Dr. H. French Banham, in the Medical Press, writes. Jane H., aged twenty-nine, was admitted into the Sheffield General Infirmary in December last. She was married at the age of nineteen, and has had eight children, two of which are living, two were still-born, and the remaining four died within a few days of birth. Her mother died at the age of fifty-five and her father is still living. She has lost fourteen sisters and one brother, some of whom, it seems probable from her account, died of phthisis. At three years of age she had smallpox, after which she had an inflammatory affection of the left eye, followed by opacity of the cornea, and the sight has remained so far impaired that she is only able to see the bare outline of large objects. Within two years of her marriage she had a number of sores about the front and sides of her neck, but not elsewhere on her body. She has not suffered from sore throat or eruptions on her skin at any time. About a year ago she had what she called a "stroke," which affected, however, only her face, not any of the extremities. On the evening previous to the attack she went to bed feeling perfectly well. On awaking in the morning she noticed that she could not pronounce some words distinctly, and in the afternoon when her husband returned from his work, having been away from home since half-past five in the morning, he remarked to her that her face was all awry. She found on looking in the glass that the right corner of the mouth was drawn up, and shortly after she was unable to close the left eye. Her hearing, so far as I can ascertain, was not affected, but to some extent she had lost her taste. Within a few weeks her face seemed to regain its normal appearance, and she supposed she was recovering, but, subsequently, a slight progressive deformity seems to have developed on the left side of the face.

At the present time the left side of the patient's face seems to bear a cynical smile, the left nasal fold is more distinct than the right, and the left angle of the mouth is slightly drawn up, slight twitching movements are occasionally noticed about the left side of the face, in conversation and on being requested to make certain movements. The left cheek is rather firmly applied to the jaws, and when the finger is introduced into the mouth between the teeth and cheek she experiences pain and the fibers of the buccinator are felt to be tense and cord-like. The mucous lining of the cheek is jagged and puckered, owing to its having been rather severely bitten during mastication. The uvula is distorted and scarcely any movement is performed by the soft palate in making the sound "ah"! The left eye can not be examined on account of the opacity of the cornea. The right eye is healthy. Her hearing on both sides is good.

There can, I think, be no doubt that this patient suffered a year ago from an attack of neuritis affecting the facial nerve, not merely of the part external to the fallopian canal, but also of that internal to it, and, indeed, extending up to the geniculate ganglion. Whether the neuritis was of the ordinary rheumatic form, as is so commonly the case in Bell's paralysis, or of a syphilitic nature, I can not at present determine. It has, however, been attended by such an amount of exudation, of probably a plastic character, as has led to some degeneration taking place in the muscles supplied by the branches of the facial nerve. Neuritis, affecting that part of the facial nerve which is external to the fallopian tube, is not so likely to produce a destructive compression of the nerve and consequent degeneration and contracture of muscle as is the same amount of inflammation taking place within the unyielding bony canal. The present condition of the uvula and soft palate, coupled with the fact of the defect of taste which she experienced at the onset of the attack, indicate very clearly, also, the involvement of the deep portion of the nerve. I would call attention to the fact that the muscles are not spasmodically contracted, but that they have undergone organic contracture. Spasmodic contractions may be

overcome by firm pressure and without causing pain, but a muscle which has undergone contracture can not be extended, and the first attempt gives rise to severe pain.

NEUROSES OF THE VISCERA.—Dr. T. Clifford Allbutt, Lecturer on Practice of Physic at the Leeds School of Medicine; Consulting Physician to the Leeds Hospital for Women and Children, commences the second Gulstonian Lecture as follows: We all know the story of the resentful lion who had often been painted by the man, and who longed for the time to come when the man in his turn should be painted by the lion. Is it because all medical books have been written by men that gastralgia, one of the sharpest arrows in the armory of pain, is in many of them dismissed with a few words as a malady of "hysterical women;" of women, that is, whose sufferings are due in part to effeminate habits and constitution, and in part to a kind of fanaticism which prompts them to cherish or to imagine pain, or to make a bitter cry about small matters.

We all ought to know that gastralgia is common enough in man also, though certain writers appear to deny that this or any other visceral neurosis can exist where no uterus is; and I have endeavored to formulate a distinction between what I may call the upper class of neurotics and their degenerate relations the hysterics; asserting therein that, in hysterics, pain is not a more but a less common inheritance, and that to neurotics it is chiefly given to suffer pains and the renewal of pain, and to bear all with singular fortitude and spirit.

Of all the neuroses of the stomach gastralgia is the chief; but around it gather, in more or less close association, flatulence, vomiting, hyperesthesia, and miseries such as distension, sinkings, cravings or loathings of food, and these may exist in various associations, or may exist singly.

As in angina pectoris and the pseudo-angina, so in gastralgia, the spinal nerves may be included in the paroxysms, or may take even a chief part in them, the visceral and overlying spinal nerves being grouped in function and in suffering together. In order to study this class of cases more carefully, I have gone over the case-books of my chamber-consultations for ten years past, namely, from the year 1874 to the year 1883, inclusive. From them I have extracted 139 cases of gastric and abdominal neuralgia. These cases remain after eliminating all that are doubtful or comparatively trivial in degree; all cases attended with important uterine disorder, or complicated with substantial defect in any organ whatsoever, or with disease; all hysterical cases, and all cases of fretful or whimsical persons prone to expand or to exaggerate their symptoms.

The selected cases, then, are the cases of persons of whom I have some tolerable notes, who were straightforward and truthful, and who are, or were, the subjects of neurotic or neuralgic affections lying under the diaphragm and above the pelvis. Now, the great majority of these cases are gastralgics, the region of the stomach being by very far the commonest seat of abdominal neuralgia. Of the gastralgics the majority are women, in the ratio of two to one. In men and women gastralgia is by no means confined to middle life, as Leared supposed, but is found at all ages, from fourteen to sixty, being most common between twenty and forty-five. Like migraine, it tends to die out in middle life; and, like migraine again, it is attended less and less with vomiting as age increases. Gastralgia comes on earlier in woman than in man, apparently by some ten years. A gastralgic man is rare before the twenties; girls often begin in their teens.

The earlier maturity of the girl sufficiently explains this difference, which is also remarkable, though I think in a less degree, in migraine. Migraine may, however, begin at very early ages in either sex. Of associated affections migraine is by far the commonest; and, if we associate migraine and neuralgia of the head and face together, the number of cases in which these are found with gastralgia is very great, seeming to be fully eighty per cent. Fortunately, these affections do not often coincide in time, but rather alternate variably one with the other. A large number of gastralgics, then, include migraine or neuralgia of the head and face in their life-histories. Another disorder commonly associated with gastralgia is asthma, an observation which scarcely needs either explanation or much asseveration. Neurotic vomiting may accompany, or rather alternate with, asthma, as the gastralgia may; and so again may voluminous flatulence, borborygmi, and other such neuroses. Like asthma, gastralgia is not infrequently nocturnal in its recurrence, and is likewise often aroused by improper food, or by the contact of any food whatever. Hence the persistent con-

fusion of gastralgia with dyspepsia. Asthma and gastric neuroses, moreover, if not concurrent in the individual, are often concurrent in families, one member suffering from the latter, and his brother, sister, or other relative from the former. With both these vagus neuroses run the cardiac neuroses, including true angina. I am now attending a gentleman with Mr. Jessop, who suffered terribly from paroxysmal gastralgia in past years, and in whom we have now to deal with the true angina. In gastralgics occur violent attacks of palpitation, or, more characteristically, attacks of slow or intermittent pulse.—*British Medical Journal.*

Syphilitic Lupus.—In February, Mr. Jonathan Hutchinson delivered at the London Hospital a lecture on Syphilitic Lupus, from which the following is taken (*Medical Press*):

The clinical varieties of syphilitic lupus include several forms, among which the "horse-shoe patch" is well marked. This is a slowly creeping, serpiginous sore, which is rarely seen in a complete state, and by the character of which in this respect it may be differentiated from lupus vulgaris. In the latter, the edge of the patch is generally continuous, whereas in the syphilitic variety a gap is usually observed in some portion of the periphery of the sore. The tendency to formation of pus, also, is distinctly less marked in some forms of syphilitic as composed with common lupus; and in other cases a tuberculous lupus may persist in syphilitic patients without undergoing any considerable extension for possibly as long as twenty years. The specific nature of these forms of the disease can, however, be at once demonstrated by watching the influence exerted over them by the administration of iodide of potassium.

In some cases the disease may have the appearance only of an extremely superficial erythema; but its subsidence will in such instances also be followed by the production of a scarring, though of a slight degree.

In the secondary stage of syphilis the mucous membrane is a common seat of infective patches of lupus, and in such cases the disease assumes a more aggressive form than when uncomplicated by syphilis, though occurring in simular situations. Any portion of the mucous membrane of the body may become thus affected, that is, the mouth, vagina, rectum, nose, tongue, etc.

Treatment directed to the cure of lupus, whatever may be the particular plan pursued, always aims at (1) removal of the cell-growth, and (2) eradication of the source of infection; and whether the origin of the disease be ascribed to syphilis or not, the same general plan is invariably pursued, and is equally effectual as regards local treatment, although it is modified by the difference introduced by constitutional infection.

In this connection Mr. Hutchinson impressed upon his hearers the importance of not placing implicit reliance on the powers of cure residing in any single drug, however vaunted its efficacy might be, and narrated the following case as an instructive example to enforce his suggestions: A year ago, a man, aged thirty, was admitted to the London Hospital, having been discharged from a special skin hospital as being incurable. His whole body was spotted with huge patches of syphilitic lupus, and had been so for years. Iodide of potassium had been given to him continuously for a long period, and latterly in enormous doses, but without effect, and the disease showed no signs of giving way to the treatment, although, as well as internally, the drug had been administered externally in the form of ointment. After some time the patient was put under the influence of mercury to salivation, and almost immediately a change for the better ensued, and ere very long every patch of the lupus disappeared, and the man went away quite well. Hence it is clear that some cases of tertiary syphilitic lupus received most benefit from a mercurial treatment, while others respond most readily to iodide of potassium, and no case ought to be regarded as having been fairly dealt with until both these remedies, separately and combined, have been employed without producing relief to symptoms. In addition, also, it must not be forgotten that local measures are demanded in both syphilitic and common lupus, the object being to eradicate the cell-growth distinctive of the disease in either case. For this purpose acid nitrate of mercury or other efficient caustic must be used, and thorough removal of every trace of the infective point be carefully insured before it can be fairly considered that all has been done that the circumstances require. Early adoption of these measures will suffice to oppose the progress of even the most destructive forms of lupus, those occurring in subjects of inherited syphilis, but success can only be obtained by means of resort to radical modes of treatment designed with a view to local removal of the disease.

Mr. Hutchinson hinted at the possibility that organs of the body hidden from view might, like surface parts, become the seat of infective lupous patches, evidence of their existence being found in slowly advancing injuries to nerves. The tendency of such processes to spread could be arrested by anti-syphilitic remedies.

THE DEPENDENCE OF DIPHTHERIA UPON LOW FORMS OF FUNGI.—(*Jahrb.f.Kinderh.*): The object of this paper was to criticise the opinions which different authors have advanced as to their belief in an organized formation as the source of the contagion of diphtheria. Aside from the recognized fact of the constant occurrence of micro-organisms in the products of diphtheria, and in the diseased mucous membrane, the object was to investigate, (1) the question as to the increase or diminution of those organisms as the local process increased or diminished in severity; (2) the simultaneous occurrence of colonies of micrococci in the blood and lymph vessels of the glands of the kidneys and other organs; (3) the contagiousness of diphtheria by means of vaccination with its products. The following criticisms were made under each of these heads: (1) All the investigators upon this subject do not maintain that the number of the micro-organisms increases with the intensity or the extent of the local process. If this were the case, it would be advanced upon the ground that the diseased mucous membrane affords a most favorable site for the development of the schizophytes in question. (2) Obstruction in the blood and lymph vessels by colonies of bacteria and micrococci does not occur in diphtheria alone, but in other infectious diseases. (3) The proof of the contagiousness of diphtheria by means of vaccination, with its products, does not, as yet, decide as to the organized nature of the contagium, but only as to its fixity. Many investigators have not succeeded in transmitting the disease in this way; others claim that they have obtained positive results, while one careful critic affirms that matter which had undergone decomposition was used in their experiments, and that the disease which was produced by its use was not diphtheria, but merely an infectious disease with an inflammatory exudation at the point of vaccination and septicemia. Any conclusion from such experiments that diphtheria is, at the outset, a local disease, is manifestly a false one. The author's opinion, therefore, was formed, that the disease could not be developed from micro-organisms, or at least that the proof of it had not yet been adduced.—*Archives of Pediatrics.*

VESICAL CALCULUS IN A BOY EIGHT AND ONE HALF YEARS OF AGE; SUPRA-PUBIC OPERATION.—(*Rev. mens des Mal. de l'E.*): According to the patient's history, his urine had been dark and purulent for three years. For some months previous to the operation he had pains in the region of the navel, and was obliged to urinate frequently. Blood occasionally followed the discharge of urine. Walking and riding were very painful. He had bronchial catarrh and also an attack of pleuro-pneumonia. The presence of a stone in the bladder, hard and quite large, and rough upon the surface, was easily ascertained by means of the sound. Through the rectum the stone could not be felt. At the time of the operation, after anesthesia was produced, the rectum was distended with a tampon—the bladder was injected with one hundred and eighty grams of a lukewarm solution of boracic acid. An incision five centimeters long was made in the median line, stopping one centimeter above the symphysis. The bladder was then opened and the stone removed without difficulty. There was no hemorrhage of any importance. A drainage-tube was placed in the bladder. The edges of the bladder wound were drawn to those of the superficial one, and both were closed with metallic sutures at the same time. The operation was done with antiseptic precautions. The stone was an oxalate-of-lime mulberry calculus, about the size of a nut (?) On the following day the morning temperature was 38.5°C.; the evening temperature 39.5°. There was no pain in the vicinity of the wound. The urine was scanty, concentrated, and very dark. Symptoms of beginning lung trouble appeared. A bronchitis resulted, and the healing process in the wound was slow. On the seventy-third day after the operation the child was removed from the hospital. A small fistula still existed at the site of the wound, but most of the urine was passed by the urethra. The lung symptoms when he left the hospital were those of beginning phthisis.

DIPHTHERIA: ITS TREATMENT.—Dr. J. N. Coons (Medical and Surgical Reporter) describes a method of managing diphtheritic patients which he claims has reduced the mortality to but little more than one per cent in a

series of many hundreds. The method is summed up by him as follows: Relieve nervous shock by opium; clear the alimentary canal; give veratrum viride till its constitutional effect is felt in a *softening* and slowing of the pulse, give iron and the chloride of potassium steadily throughout the disease, adding an expectorant when needed; and, most important, foment assiduously for the first few days, applying the acetate of lead freely and often to the diseased fauces. Feed liberally; stimulate and support freely with alcoholics and tonics, as the case demands.

Iodoform Plaster.—Dr. Pope recommends the use of this plaster in cases of glandular enlargement, bursitis prepatellaris, pleuritic effusion, and chronic epididymitis. In the cases in which he has tried it (*Wiener Medical Blatter*) there was a marked diminution in the size of the tumor, or the amount of effused fluid, in what may be considered a short time, that is, ten days. The formulas he uses are (1) ℞ Emplastrum iodoformi fortius, one part iodoform to two parts emplast. adhesive and emplast. plumb. (2) ℞ Emplast. iodoformi to six parts of the plasters named. The plaster is spread on leather, and is left to remain *in situ* for six days. The strong preparation is recommended in glandular enlargements, etc. The weaker proves useful in the case of boils, minor injuries, etc.—*Medical Press and Circular.*

An Anodyne Mixture without Opium:

Chloroform,	part	.100;
Ether. sulphur. spts.,	"	.025;
Tinct. cannabis,	"	.175;
Acid. hydrocyan. dil.,	"	.030;
Ol. menth. piperit.,	"	.003;
Tinct. capsici,	"	.003;
Alcohol, 95 per cent,	"	.350;
Hyosciamia,		q. s.;
Glycerine,		ad. 1.000.

Dose, ten to thirty ♏.

Dr. A. P. Meylert writes, in the Medical Record, that it has given him no little anxiety to find a suitable anodyne for patients cured of the opium habit. In attacks of intestinal colic or neuralgia to which they are subject, any preparation containing morphia is necessarily excluded, since it would at once bring back the old habit. The above formula is the result of various experiments, and has been used with good results in his cases. Perhaps its publication may lead others to relate their experience likewise.—*Medical and Surgical Reporter.*

Case of Athetosis.—Dr. Dyson, before the Sheffield Medico-Chirurgical Society, recently showed a case of *athetosis* (inability to maintain a fixed position) of the right arm, and in a much less degree, of the right leg. The patient, a girl, aged eleven, had scarlet fever three months ago. About six weeks ago she was seized with an an apoplectic form of attack, in which there was loss of consciousness, paralysis of right side of the face, right side of the tongue, right arm and right leg. She was confined to bed for a fortnight, and as the paralysis passed off the present condition of the right arm gradually supervened. Sensation is but slightly affected. The movements are slow and deliberate and intensified by exertion, and are exactly those described in typical cases of *athetosis*. There was no history of rheumatism. The heart is healthy. The urine presents no abnormal conditions. In this case there is a history of the girl having been bullied by the School Board attendance officers to return to school too soon after the attack of scarlet fever.—*Medical Press.*

In corrosive sublimate we have a very powerful, cheap, and safe antiseptic agent; a very dilute solution suffices for ordinary purposes, and Sir Joseph Lister's discovery of the valuable property of glycerine as a solvent of corrosive sublimate facilitates the preparation and practical application of this antiseptic. Dredgers for lightly dusting wounded surfaces with iodoform seem to be a simple and ready method; no constitutional or injurious results appear to have followed the use of this agent in the late Egyptian war.—*Lancet.*

ARMY MEDICAL INTELLIGENCE.

Official List of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, April 13, 1884, to April 19, 1884.

Newton, R. C., First Lieutenant and Assistant Surgeon, relieved from duty at Fort Sill, Indian Territory, and ordered to Fort Elliott, Texas, for duty. (Par, 1, S. O. 77, Hdqrs. Dept. of the Missouri, April 14, 1884.) *Pilcher, James E.*, First Lieutenant and Assistant Surgeon, assigned to duty at Camp Poplar River, Montana. (Par. 2, S. O. 37, Hdqrs. Dept. of Dakota, April 7, 1884.) *Chapin, Alonzo R.*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort Douglas, Utah, and ordered to Fort Laramie, Wyoming, for duty. (Par. 2, S. O. 33, Hdqrs. Dept. of the Platte, April 15, 1884.) *Wales, Philip G.*, First Lieutenant and Assistant Surgeon, ordered to report to the Commanding General, Dept. of the Columbia, for assignment to duty. (Par, 11, S. O. 84, A. G. O., April 11, 1884.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 3, 1884.

Original.

A QUESTION IN DIAGNOSIS.

BY WM. H. WHITSITT.

In a bevy of literary gentlemen where I have the honor to resort the death of the poet Burns was lately under discussion, and a question was raised regarding the nature of the malady that carried him off; but, owing to the briefness of the time at our disposal and the unavoidable absence of most of the apparatus that might be brought to bear, no decision of it was reached. I should be grateful if you would allow me the advantage of your columns in order to place the facts, as well as I may, before the medical profession, and to request the benefit of their reflections and conclusion.

Burns was born on the 25th of January, 1759, and died on 21st of July, 1796. The stock that he came of were hardy peasants of Scotland, and fairly tenacious of life; his father, a Highlander by birth, lived to a good age; his mother, a woman of Ayrshire, survived, I believe, to a period beyond her ninetieth year. Their oldest son was sternly bred in the estate and occupations of a peasant, and was renowned in the country side for feats of bodily strength.

Being a man of such virile constitution and development, it was affirmed that the poet had not fulfilled the measure of his days when death surprised him at mid-life. The company, however, was not united on this proposition; a portion of the disputants suggested that it was hardly likely that a being of such an extreme order of poetic responsiveness and excitability could support the strain which these would constantly impose for a greater length of time; any thing but a constitution of adamant would have yielded even sooner under that highly unwonted burden of activity and restlessness.

In support of this view the well-known "constitutional melancholy" of Burns was insisted on. This defect began to be apparent as early as his thirteenth year; the incubus of it pressed upon him with a force and intensity that steadily increased as long as he lived. Shortly after the above date, his brother Gilbert says that "he was almost constantly afflicted in the evenings with a dull headache, which at a future period of his life was exchanged for a palpitation of the heart, and a threatening of fainting and suffocation in his bed in the night time."

In the year 1787 the palpitation, already established, was attributed by Prof. Dugald Stewart to the change which had then taken place in the life and habits of Burns. "I was, however, somewhat alarmed," he reports, "about the effect of his now comparatively sedentary and luxurious life, when he confessed to me the first night he spent in my house, after his winter's campaign in town, he had been much disturbed when in bed by a palpitation at his heart, which he said was a complaint to which he had of late become subject." Mention is also made in the same connection of a certain weakness at the stomach which Burns asserted had compelled him to eschew to a large extent the excesses of his more convivial friends in Edinburgh.

A statement that was put forth by Sir Egerton Brydges would appear to confirm the notion that his spirits were too intense and restless to comport with bodily health or length of life. This gentlemen visited Burns at Ellisland, where he resided from June, 1788, to December, 1791, and says that "he did not merely appear to be a poet at casual intervals; every moment a poetical enthusiasm seemed to beat in his veins, and he lived all his days the inward, if not the outward, life of a poet. I thought I per-

ceived in Burns's cheek the symptoms of an energy that had been pushed too far; and he had this feeling himself. Every now and then he spoke of the grave as soon about to close over him."

The opponents of the view that Burns had lived as long as could be expected in the case of a person of his extraordinary poetic sensibilities, held that the considerations recited above were of no significance at all, for the reason that as late as the Ellisland period he was regarded by all his neighbors as a marvel of physical strength. One of these neighbors, Allan Cunningham, says, "He could move a twenty-stone sack of meal without much apparent effort, and load a cart with bags of corn in the time that other men were talking about it." His feats that way are still a proverb in every corner of Nithside.

All the emphasis, therefore, which had been laid upon his poetical temperament, his "constitutional melancholy," his palpitations, and upon "the symptoms of an energy that had been pushed too far," ought, in the allowance of these gentlemen, to be removed; they were a very secondary feature in the diagnosis of the malady which ended the poet's life. On the contrary, Burns might have measured the full tale of three-score-and-ten years if a distinct disorder of some sort had not arrested him in the midst of it. The name and character of this disease were not spoken of; but I beg to set down here the main facts and citations in the hope that some of the experts will be able to give an opinion touching the question whether it might not be a simple development of the symptoms referred to in the fore part of this article; or, in case that is improbable, that they will kindly determine what was the nature of the poet's complaint.

The first reference to any special illness occurs on the 25th of June, 1794, about two years before the decease of Burns, when in the course of a private letter to Mrs. Dunlop he remarks, "I am afraid that I am about to suffer for the follies of my youth. My medical friends threaten me with a flying gout; but I trust they are mistaken." (Chambers's Life and Works of Robert Burns, New York, 1852, Vol. 4, 82.) There is no further allusion to his health until October 1795, when Chambers further reports, "According to Dr. Currie, who had access to the best information, the poet was confined with 'an accidental complaint' from October, 1795, till the following January." (Chambers, 4, 176.) But he adds that the confinement was by no means strict. Dr. Currie, the ablest of the early biographers of Burns, was a distinguished physician of Liverpool, and occupied an intimate footing with Dr. Maxwell, who was the physician of the poet, and an authority of reputation throughout Scotland.

On the 15th of December, 1795, about two months after the appearance of the above "accidental complaint," Burns writes to Mrs. Dunlop in a reasonably cheerful spirit, referring to himself as standing "in all the vigor of manhood" (Chambers, 4, 178); but early in January, 1796, came the well-known misfortune of exposure to the open air after an evening drinking party at the Globe Tavern. Overcome by the potations he had there indulged, he fell asleep on the way to his house and became to a degree benumbed. Chambers (4, 183) adds, "In these circumstances, and in the peculiar condition to which a severe medicine had reduced his constitution, a fatal chill penetrated to his bones." On the 31st of January, 1796, Burns speaks of his malady as "a severe rheumatic fever," under which "the die long spun doubtful," but now at length had turned up in his favor.

Currie says "his appetite now began to fail; his hand shook and his voice faltered upon any exertion or emotion; his pulse became weaker and more rapid, and pain in the larger joints and in the hands deprived him of the enjoyment of refreshing sleep." (Chambers, 4, 187.)

In April, 1796, the poet writes: "I have only known existence by the pressure of the heavy hand of sickness, and have counted time by the repercussions of pain. Rheumatism, cold, and fever have formed to me a terrible combination." (Chambers, 4, 192.) Again, on the 17th of May, "I have now reason to believe that my complaint is a flying gout—a sad business." (Chambers, 4, 194.) On the 4th of July he complains that "This protracting, slow, consuming illness which hangs over me will, I doubt much, my ever-dear friend, arrest my sun before he has well reached his middle career;" and in another letter of the same date, "My health is so precarious, nay, dangerously situated, that as a last effort I am here (Brow) at sea-bathing quarters. Besides my inveterate rheumatism, my appetite is quite gone, and I am so emaciated as to be scarce able to support myself on my own legs." (Chambers, 4, 201.)

For a brief season his rheumatism was

alleviated by the resort to Brow, but it shortly reappeared with additional intensity and fever. On the 18th of July he returned to Dumfries, and in the early morning of the 21st he passed away.

In case any significance should be attached to the record of these closing days it may be supplied in the language of Dr. Maxwell, who says, "A tremor pervaded his frame; his tongue though often refreshed became parched, and his mind when not roused by conversation sank into delirium. On the second and third day after his return from The Brow, the fever increased and his strength diminished. On the fourth day, when his attendant held a cordial to his lips he swallowed it eagerly, rose almost wholly up, spread out his hands, sprang forward nigh the whole length of the bed, fell on his face and expired." (Cunningham, Life and Works of Burns, Boston, 1834, Vol. 1, 253.)

The above are, as I conceive, the main points of the case. The rather loose habits of the poet, I fancy, are generally known; there was a somewhat marked change for the worse in respect to these after his removal to Dumfries in December, 1791.

Should any medical gentleman find leisure and inclination to investigate the topics mooted above, a professional opinion regarding them would be a kind favor to more than one layman.

415 Fourth Avenue, Louisville, Ky.

Miscellany.

Orange Judd, editor of the American Agriculturist for some thirty years, but unconnected with its business management for a year or two past, has lately retired from its editorial department and located in the West. He desires to gather a complete "*Postal-Card Album*" of his old readers and friends, and requests them all to send him now a postal giving their present location and address, naming also, when convenient, the years in which they were his subscribers. Mr. Judd's address is Chicago, Illinois.

Death from Chloral.—The Medical Press reports the death of Dr. John Middleton, at Stockton-on-Tees, England, from an overdose of chloral. The deceased, a retired army surgeon, had been the subject of fatty degeneration of the heart, kidneys, and liver (as proved by a post-mortem), and took the drug for the relief of wakefulness. He was immediately aware of his misadventure, and called his housemaid, to inform her of his danger. He soon became unconscious, and died before skillful aid could be had. A sad feature of the case is that the deceased had three motherless children, and that, though in precarious health, the one desire of his life was to live till his children were grown and settled in life. Is it not high time that doctors in ill health should fully understand the danger of taking this vile drug in indefinite doses, and refrain from its use except upon the advice of a medical attendant? Deaths from chloral are too common in these days.

Mr. Price and Cremation.—Having been acquitted of the charge of indecent cremation of the body of his dead infant, Mr. Price accomplished his object on March 14th. He fixed three hurdles on a hill, then piled half a ton of coal within the triangle thus formed, and upon a pair of large iron grates he placed a box containing the body of the child, wrapped in napkins. Petroleum was thrown over the coals, and this served to make the pile a mass of fire as soon as ignition took place. Mr. Price was present during the process, and chanted an ancient sacred song in the presence of a number of spectators. All the materials used in the cremation of his son were half a ton of coals, a gallon of paraffin oil, and sixpenny worth of wood, the total cost being only 8s. 2d. Every vestige of the infant's body was burnt, and the breeze carried away the ashes. The fire was so fierce that it melted the iron of the grate on which the body was deposited. He now announces his intention of erecting a crematorium at Llantrissant, where he desires that he himself and all his family shall be cremated. Persons who intend that their corpses should be consumed on the funereal pyre, or whose executors wish the remains to be so disposed of, will be accorded the requisite facilities. It appears that Mr. Price has received a large number of letters of approval from London, the continent of Europe, and India. Although many will disagree with the Welsh surgeon in matters of detail, he deserves a considerable amount of sympathy for having carried out what he believed to be the right way of disposing of his child's remains in the face of strong social prejudices. The advocates of cremation will do well to bear in mind that all

the judges on the English bench may not agree with Mr. Justice Stephen's decision in favor of the practice; and further legal opinion on the subject will be advisable if many persons desire to carry out cremation as an established practice, and therefore on a large scale.—*British Med. Journal.*

Black Tongue.—As far I am aware, this disease has not been seen in England, though it has been described on several occasions by French writers. Cases are mentioned in the British and Foreign Medico-Chirurgical Review as being reported by Dr. Eulenberg and M. de St. Germain. The former mentions one case, that of a boy, "whose tongue was black from base to apex." The papillæ were much hypertrophied, and the condition continued for three months. Scrapings of the tongue,when viewed under the microscope, showed "numerous thickened brown-colored epithelial cells, and on their borders pigment granules were inclosed by cell or membrane."

The cases reported by M. de St. Germain are four in number. He "four times met with a spot of an oval shape and intense black color in the middle of the organ." (1) A girl, aged thirteen, with increasing emaciation and paraplegia; (2) a girl, aged eleven, convalescent from enteric fever; (3) an asthmatic old lady, aged seventy, whose health was not otherwise impaired; (4) an old man in fair health.

The case I have under my observation is one of a man, aged seventy; he is a painter by trade, but has not been in active employment for five years. He is one of seven brothers, and his family history is excellent. He has suffered with painter's colic, and had two strokes of paralysis eight years ago. He first noticed the discoloration of his tongue three years ago; commencing by an ellipse of black in the center of his tongue, it gradually spread until the whole organ was black from base to apex. The tongue on examination is smooth and velvety to the touch, and the ellipse in the center is of an intense black color. On microscopic examination, the scrapings of the tongue are seen to be made up of greatly hypertrophied epithelial fringes, evidently detached from the fungiform papillæ. These fringes, which look to the naked eye like hairs, are seen under the microscope to be formed of imbricated epithelial scales, stained of a deep brown color, but no pigment-granules can be detected. The patient is not an excessive smoker, nor has he been taking any substance, medicinal or otherwise, that would discolor his tongue. He enjoys fairly good health, suffering from slight chronic bronchitis and emphysema. At times the blackness has almost disappeared and has again returned. The age and temperament of the patient exclude the idea of it being a so-called hysterical or intentional fraud.—*George Stoker, in British Med. Jour.*

Wirtzung's Practice of Physicke.—In a letter to Dr. Walker relative to the probable value of a copy of this work in black letter, dated 1617, Dr. Mathew Hay (British Medical Journal) claims to be the owner of a copy dated 1605. He says that copies of the book must be very scarce, that he has no idea of their market value, but that Wirtzung does not appear to have been a physician of very great reputation, since he can find no mention of him in any biographical or historical work in medicine which lies to hand (Haeser, Freind, Hutchinson, etc.). The translator says of the book that "it hath been more often printed in the Germaine language than any other work of like nature;" and further, "that there is not published in our English tongue the like work, wherein the whole body of physicke is so succinctly, so absolutely, or so artificially digested and compiled."

Teeth in the Nose.—Dr. W. J. Branch, of Basseterre, St. Kitt's, has sent us a photograph (which we regret not to be able to reproduce) of a little colored boy in the St. Kitt's Hospital, who has two large teeth in his nose. "It was not easy," writes Dr. Branch, "to get a good picture of him, because he seemed to think that the camera was meant not to take, but to take off, his head. His lip was held up to show that all the incisor milk-teeth in the upper jaw are in their natural situations. A portion of his nose has been destroyed by ulceration. It was for this disease that he was sent to the hospital. It soon healed with the application of iodoform ointment and the administration of iodide of potassium. I intended to have made a new nostril for him, but while waiting to make sure of the cure of the ulcer, these teeth began to make their appearance. They seem to be the two central incisors of the permanent set. They spring from the floor of the nostrils at the sides of the bony septum, are freely movable, and are apparently attached to the mucous membrane only. They have little or no roots, but their crowns are very

large, white, and solid. The boy's mother had syphilis some years ago, probably before his birth."—*Medical Times.*

English College of Surgeons.—Up to the present time the College of Surgeons has been too purely an examining body (and not always a very courteous or considerate one). It has done absolutely nothing to foster a feeling of *esprit de corps* among its associates. From the moment that men become qualified, they cease to feel any interest in the College, which, in its turn, has fully reciprocated the feeling. Its library is very good, but inaccessible at the only times when busy men can get to it. As to the museum, we say nothing, for it does not belong to the College. Even the Fellows are left out in the cold to do as they can, save for the empty privilege of voting for members of Council, and attending an annual dinner (to which, by the way, members are not admissible).—*Medical Times.*

Importation of Rags from Egypt.—The following circular has been received:

Treasury Department,
Washington, D. C., April 22, 1884.

To Collectors of Customs and others whom it may concern:

The following letter to this Department from the Secretary of State, dated April 16, 1884, is published for your information and guidance, and, until further notice, rags from infected ports will not be permitted to land except under the provisions contained therein:

I have the honor to say, in connection with previous correspondence in relation to the proper disinfection of rags imported into the United States from Egypt, that the Department has, upon careful and mature consideration of the subject commensurate with the interests involved, decided upon the following methods of disinfection, either of which will be satisfactory to the health authorities of New York City and New Haven and Boston, who have been consulted in respect to the matter, viz:

1. Boiling in water for two hours under a pressure of fifty pounds per square inch;

2. Boiling in water for four hours without pressure; and

3. Subjection to the action of confined sulphurous-acid gas for six hours, burning one and a half to two pounds of roll brimstone in each 1,000 cubic feet of space, with rags well scattered upon racks.

Full and explicit instructions have accordingly been given to Mr. George P. Pomeroy, our Agent and Consul-General at Cairo, and Mr. Francis McNally, a citizen of the United States, has been designated as the Inspector. He will have immediate supervision, under the Consul-General, of the process of disinfection, will be required to give the subject his earnest personal attention, and furnish a proper certificate. Mr. McNally's certificate will show the following facts:

1. His name;

2. The name of the consignee in the United States;

3. The place where the rags were disinfected; and

4. The process of disinfection, which must be one of the processes hereinbefore described.

After that the Consul-General is to authenticate the certificate given by the inspector. This process is to be observed in the case of every bale of rags, which is to be also marked "Thoroughly inspected," with the name of the inspector.

Mr. Pomeroy has been told that, although he should not refuse to certify invoices even when lacking the inspector's certificate, he must give notice to all shippers of rags that these goods will not be permitted to enter the United States unless accompanied by such certificate.

Chas. J. Folger, *Secretary.*

Pott's Disease of the Spine in Very Young Children.—As a substitute for the plaster-of-paris jacket, Professor Hal C. Wyman has devised a method of treatment which presents many commendable features. It is substantially a movable jacket, and its application is briefly as follows: The child being placed in such position that the spine is extended to nearly the normal limit, a piece of canton flannel large enough to cover, say one third of the circumference of the trunk, is laid on the back. A sheet of absorbent cotton having been placed over this, a cheese-cloth bandage six inches wide and several yards long, with the meshes carefully filled with plaster of paris, is dipped in water and folded lengthwise over the whole. When rubbed smooth with the hand so that it is perfectly adapted to the contour of the parts, a bandage is applied around the trunk, with figure-of-eight turns about the shoulders and pelvis, and the plaster allowed to set. The jacket thus constructed is in the form of a splint, and can be removed every night for the purpose of permitting massage.—*Medical Age.*

Paralysis of the Will.—The paralysis of the so-called "will" deserves the attention of the physician as much as that of a limb, or the undue expression of pain in any part of the body, and must be looked upon in close connection with the more strictly bodily disorders which often accompany it. It must be remembered, too, that the disturbances of hysteria, both in its normal and intellectual phases, are often conjoined with the so-called neurotic phenomena of gastric pain, and more especially of flatulence.—*Medical Times.*

BROMIDIA.—In the opinion of Dr. J. A. Larrabee, bromidia supplies a want long felt by many practitioners in the management of diseases of infancy and childhood, preventing many from yielding to the temptation to use the various preparations of opium which are so objectionable and dangerous. Might it not also be of service as an anodyne and hypnotic in the treatment of certain patients who, from previous opium addiction, or other reasons, can not with safety take this drug or its alkaloids?

CHANGES PRODUCED IN THE TEETH BY SYPHILIS.—(*From Abstract in Jahrb. f. Kinderh.*): Among the phenomena which are noticeable in connection with hereditary syphilis, are certain ones which are referable to the formation of the teeth. (1) They may be late in making their appearance. Demarquay records a case in which a child, four and one half years of age, had not had any. (2) Certain changes in their structure are observable. Among these may be mentioned erosions, as the so-called nail-marks of Hutchinson. These erosions are crescent shaped, and are located upon the border of the upper central incisors; also microdontism or dwarfed condition of the teeth; amorphism, in which there are peculiarities in each group—susceptibility to injury, which causes them quickly to wear out or to fall out.—*Archives of Pediatrics.*

FRENCH MEDICAL TITLES.—The Paris correspondent of the Medical Press writes: There are in France but two medical diplomas, that of *officier de santé* and doctor. The first named title is given to those who, from various reasons, can not take out the higher degree, the powers conferred on the holders of the diploma are limited, the *officier de santé* can not perform any major operation without the presence of a doctor (a needless injunction), he can not hold any hospital appointment, and he is confined to a department of his own choosing, if he leaves one place to go to another outside the radius marked on his diploma he has to pass a new examination. Of course it is understood that otherwise he possesses all the advantages attached to the profession, and his success as a general practitioner is in no way lessened if he has talent enough, but he is generally looked down on by his *confrères* possessing the highest degree, and often subject to petty annoyances which he has to digest as best he can. However, as regards foreign medical men who come to settle down in France, this diploma is of great value, as it confers on them, and with very little trouble, the right to practice, which otherwise would be refused them unless they were well-known "stars" of the profession. To the English medical men of ordinary merit leave is granted by the Government to go up for the diploma of *officier de santé* without any delay, and as the examination is very easy and purely practical, the difficulty is *nil.* . . When he passes he is not considered by his *confrères* as an *officier de santé*, but takes rank among them as a properly qualified man, and enjoys all the advantages of an M.D. of Paris. Of course, as a foreigner, he can not enter any State department nor can he compete for any public appointment. It has been long attempted to abolish this title of *officier de santé*, and to establish but one degree in all France, but without success, the difficulties in the way of such a reform being found to be very serious. For instance, no man is allowed to enter on the study of medicine in view of the doctorate without the certificate of *bachelier es lettres et es sciences* which is equivalent to the B. A. of British universities. Now, there are a great many young men who have a marked taste for the profession, but who do not, although fairly educated, possess the means necessary for the taking out of this certificate, nor that of spending five years at a faculty, and they are glad to have the opportunity of entering the profession by this back door. Also there are towns where schools of medicine are situated which contribute not only to the public good but to medical science in general, and which would have to be closed if such a law passed, and, although they are only for turning out *officiers de santé*, are controlled by professors of great merit. However, a doctor, who is a member of parliament, has laid on the table a bill for the abolition of the title, but in a manner which may render its adoption possible. It also regulates the admission of foreign medical men to the doctorate.

IN commenting on the new Pharmacopeia the Medical Times says: Who knows anything of elemi? What is the medical efficacy of dulcamara or lettuce? Who uses castor, elm-bark, oak-bark, kousso, serpentaria? Sarsaparilla sometimes does good; it may do less without the sassafras and mezereon. Bael may be useful as a fresh fruit in India. Lemons and barley are most important aids to treatment, and are

rightly in the pharmacopeia. So are the coloring matters, cochineal and saffron. No one now pleads for their soothing or antispasmodic powers. Better retain some harmless remnant of the past, and consent to be old-fashioned, than have to plead guilty to rashness in hastily admitting some active principle just discovered or made that might prove dangerous, *digitalin*, for instance, until it has received careful and prolonged trial.

A GOOD SEND-OFF.—The Medical Press publishes with appropriate strictures the following touching letter, which was circulated widely among his former clients by a retiring medical man. How much his successor paid for the advertisement is not stated. Possibly, like the "card of thanks" which is now and then seen in our daily newspapers, it was only a spontaneous outburst of a heart overloaded with gratitude and love. To the unpoetical eye, however, it looks very much like business:

My Dear Mr.——, Owing to well-grounded apprehension about my health, I am unfortunately compelled to relinquish a lucrative and increasing medical practice, and to leave my native land for a more southern climate.

Feeling naturally and deeply concerned in the welfare of my patients, I am happy to say that I leave in my place a gentleman in whose professional attainments and skill I have unbounded confidence, and whose judgment, clear-headedness, and practical experience in matters of professional detail, I have seen more than once exhibited with effect. The gentleman I allude to is Dr.——, who now occupies my late residence.

As I would intrust to Dr.——'s care the life of any member of my family, so I can, with equal confidence, recommend him to you as your medical adviser.

While with many deep regrets and a keen sense of sorrow I thus sever my connection with my patients and friends, it is to me at least a satisfaction to feel that I am leaving to fill my place a more than worthy representative.

Wishing you every happiness,

I remain, ever sincerely yours.

A PROPOSITION has been set on foot in Vienna to celebrate the discoveries of the German Cholera Commission by giving a triumphal reception to its three members on their return from Calcutta *en route* to Berlin. The details of the celebration will be in the hands of the Viennese *Gesellschaft der Aerzte.* This act of almost international courtesy will be received with peculiar favor in Berlin, coming, as it does, with especial grace from some of the keenest critics of his previous work with whom Koch has had to contend.—*Medical Press.*

A MILK STORY.—Dr. Alfred Wiltshire (British Medical Journal) says: "A gentleman informed me that, at the age of puberty he observed activity in his breasts, accompanied by a secretion of milky fluid, and that the same phenomena have recurred every spring since it was first remarked, lasting on each occasion for a period of about six weeks."

No case should be given up as an incurable in which only single remedies have been employed. It often happens that syphilitic patients who exhibit no kind of improvement under iodide of potassium will get rapidly well if submitted to the influence of mercury; and many other instances might be cited.—*Medical Press.*

SEVEN hours of sleep for men, and eight for women, are generally admitted to be no more than essential, and might, with but very moderate forethought, be allowed by masters and mistresses to their domestics.

ALLEN THOMPSON, M. D., D. C. L., LL. D., late Professor of the Institutes of Anatomy, Edinburgh University, died in London March 21st. The deceased was one of the most eminent anatomists of this century.

THE place in the French Academy left vacant by the death of Prof. Lasèngue, has been given to M. Siredy.

DR. PLINY ADAMS JEWETT, a leading physician of New Haven, Conn., died in Providence, R. I., April 10th, of pneumonia.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, April 20, 1884, to April 26, 1884.

Coff, John Van R., Captain and Assistant Surgeon, to be relieved from duty at Alcatraz Island, California, and to report to the commanding officer at Fort Mason, California, for duty as first surgeon. (Par. 3, S. O. 45, Hdqr's Dept. of California, April 16, 1884.) *Porter, Joseph Y.*, Captain and Assistant Surgeon, granted leave of absence for 2 months, to take effect about May 5, 1884. (Per S. O. 38, Hdqr's Division of the Missouri, April 19, 1884.) *Biart, Victor*, Captain and Assistant Surgeon, granted leave of absence for one year on surgeon's certificate of disability, with permission to leave the Division of the Missouri. (Par. 2, S. O. 91, A. G. O., April 19, 1884.) *La Garde, Louis A.*, Captain and Assistant Surgeon, granted leave of absence for one month, with permission to apply for two months' extension. (Par. 1, S. O. 91, A. G. O., April 19, 1884.)

The Louisville Medical News.

Vol. XVII. SATURDAY, MAY 3, 1884. No. 18

H. A. COTTELL, M. D., - - - - - - - Editor.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editor is not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITOR OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

THE GATE-WAY OF THE PESTILENCE.

We are glad to be able to lay before our readers, under the head of Correspondence, a timely article from the pen of Dr. J. A. Irwin, whose work as a reformer in matters pertaining to the medical service on shipboard is now, and has been for several years, a theme for discussion in our British and American exchanges.

In the Louisville Medical News of April 5th, we gave Dr. Irwin's statement of the inadequacy of the service, the dishonor put upon a great profession by the unconscionable abuse of medical officers at sea, and certain general and special sanitary and humanitarian aspects of the case, so far as they touch the health, not only of ship's passengers but also of our own towns and cities into which the tide of foreign immigration is constantly pouring.

A reading of the letter will at once render apparent the importance of the question, since it shows clearly how a case of smallpox or other contagious disease, developing on a passenger-laden ship, may escape the vigilance of our quarantine officials, and through the medium of the unwashed and practically unvaccinated immigrant be scattered broadcast over the land. Any physician who has reflected upon the alarming increase among us of smallpox, as shown by the great epidemics of the last twelve years, will see that Dr. Irwin has called attention to a most easy avenue of ingress for the disease, and will agree with him that it is high time the Government should take the medical and hygienic management of ships in hand. For no matter how vigilant our local boards of health may be in seeking out and vaccinating the unprotected in any community, there will ever be, under the present mismanagement of ship sanitation and rapid overland transportation, a sufficient influx of infected or susceptible foreigners to plant the disease or give it abundant fructification when it has taken root in any rapidly growing region of the States.

While our correspondent deals with the question especially in its relation to the spread of smallpox, it will be seen, if the teachings of our sanitary authorities are sound, that the same arguments are competent to the question of the importation of cholera and yellow fever, with the difference that while the stoppage of importation in smallpox is a comparatively simple question, the barring out of the former affections is a problem which taxes sanitary science to the utmost reach of its resources.

Upon every hand it is agreed that rigid quarantine is the only means by which we can hope for immunity from these scourges, and notwithstanding the excellent work of our marine service in this matter, yellow fever still pays its yearly visits to our coast States to the destruction of many lives and the serious damage of every business interest, with now and then a dread sweep over a great area of country. Cholera, though a less frequent visitor, has its periods of epidemic range among us, and it is not improbable that the coming summer may witness the invasion of our land by this terrible plague.

Our Government sanitarians are now upon the alert, and ready to inspect every ship which heaves sail in the offing. Not a few of the fruit-vessels from the Antilles

will have a chance to ripen their cargoes under United States guns and the genial warmth of the southern sun, and the contents of the rag ships of Egypt and Asia Minor will know the deodorizing and decolorizing powers of chlorine or sulphurous oxide before they reach our paper mills. But the coast line is long, the ways and means by which the vigilance of the officers may be circumvented are well known to unprincipled captains, and it is in accord with past experience to say that the disease will this spring be planted in some obscure and unsuspecting port, from which it may radiate over a region of greater or less circumference.

It is an old saying that "it is easier to stop a pig at the gate than to drive him out after he has found a rooting-place in the garden," and certainly our wise officials, in the full spirit of this proverb, are doing their utmost to bar all approachable gates against the wild-boar of pestilence. But possibly a wiser way (and we believe that this is our correspondent's plan) would be to send abroad hunters to shoot him down, or, trapping him, to pull out his tusks and put the ring in his nose so soon as he shall emerge upon the hither side of his native wilds.

Coast quarantine is our great protection, and too much can not be said in its favor, but if every ship had among its officers competent medical men, with the authority and resources of the Government at their backs, it is not too much to say that many an outbreak of yellow fever and cholera might be controlled or prevented on the sea, by isolation of the sick and a thorough application of the measures of cleanliness and disinfection, the lives of many passengers and seamen being thereby saved and the introduction of the disease into port forestalled. The coast service would be none the less necessary, but the chances of the landing of a foreign plague upon our shores would be reduced in large measure.

Dr. Irwin, after a long service at sea and a careful study of the question in all its aspects, is now devoting his time, energy, and remarkable talents to the securing of this much-needed reform, but with the odds against him of a large and wealthy portion of the ship-property interest; and it behooves us as physicians, who have the honor of medicine and the health of our Southern and Western States at heart, to give his measure full support.

A bill is now before Congress which, though not perfect in all its provisions, will, by proper amendment, if passed, put this reform movement in good working order, with results which can not but make to the honor of medicine and the good of the public health. Let, then, every doctor use what influence he may have with his political representatives in helping to make it a law; for, whatever may be said by those who take short-sighted views of political economy, public health is the great question of this age and land. Whisky, tariff, internal revenue, and the next president may well engage a large share of legislative thought, but it will be conceded by every wise politician that any good thing which his best rulings upon these questions might secure to his constituency would be but a bitter morsel upon the tongues of a pestilence-scourged people.

A QUESTION IN DIAGNOSIS.

The article bearing this title, by Prof. W. H. Whitsitt, A. M., D. D., of the Southern Baptist Theological Seminary, which may be found under "Original" in this issue, merits the critical perusal of our readers. It deals with the malady or maladies which tormented poor Burns from boyhood up to man's estate, and cost him his life before he had fairly reached middle age.

The author, though not a physician, is well known in the world of letters as a scholar, a writer, and an historian. We hope that his able presentation of this question will lead to a careful study of Burns's case by competent medical men, with results

which may prove valuable alike to science, art, and history.

Our readers will remember the remarkable results of Dr. Bucknill's inquiry into the nature of the malady which harassed the life, embittered the thought, destroyed the mind, and finally caused the death of Jonathan Swift. It is to the deathless glory of science that the great English neurologist was able to trace the clinical history of Ménière's disease in the person of the Dean of St. Patrick's after he had been dead for one hundred and thirty-seven years. His article in "Brain" of two years ago, setting forth the methods and results of his inquiry, called forth the unqualified admiration of the medical profession, and was set down to the credit of medicine as the most wonderful post-mortem on record.

It is a too common fault with the biographers of great men, that they leave us mystified or in the dark as to the diseases of which their heroes may have suffered or died by ignoring or suppressing facts which, so far as chronic diseases are concerned, would, if clearly stated, be useful to the historian and valuable to the physician. For, aside from the interest which the doctor must take in such questions by virtue of his calling, positive knowledge as to pathological conditions which once had sway in men of genius now dead, with the ability to trace the influence of disease upon their lives and writings, would doubtless help to the diagnosis and rational treatment or management of some ailing or eccentric living genius, with benefits to art, literature, or the State of no trifling character.

The field which Dr. Bucknill has opened to scientific inquiry promises a rich harvest for the worker, and we hope that some of our experts in diagnosis will help Dr. Whitsitt to write clearly an important chapter in the biography of the great Scottish poet.

American Medical Association.—The advance blast of that ethical storm which, though menacing, we hope will not break over the devoted heads of the members of the American Medical Association at the coming meeting, seems to have struck. Dr. Allan McLane Hamilton writes to the Record that, after being asked by authority to read a paper before the Association and to take part in the discussion of a paper by Dr. Pepper, he is now informed by the chairman of the Section of Medicine that the committee has refused to allow his name to be used in the discussion, because he favors the new code.

Important.—Physicians who expect to attend the American Medical Association, will find on page 285 a card from Mr. W. B. Shattuc, General Passenger Agent of the Ohio & Mississippi Railway, which may be read with profit.

Bibliography.

Excessive Venery, Masturbation, and Continence. The Etiology, Pathology and Treatment of the Diseases resulting from Venereal Excesses, Masturbation, and Continence. By Joseph W. Howe, M. D. New York: Bermingham & Co. 1884.

This book is an octavo of two hundred and ninety-nine pages and sixteen chapters. It deals with the question of sexual derangement in a systematic and practical way. Though the author has laid the foundation of his work with materials drawn from his own practice, he quotes freely from the standard writers and teachers in this department of medicine.

The etiology, pathology, and diagnosis of the affections in question are well stated, and the measures of treatment are ably discussed, no resources known to modern medicine or surgery being neglected.

The cases which call for treatment the author arranges in four classes, and in all of these except the first (the confirmed masturbator, in whom the habit has led to insanity or imbecility) he gives a favorable prognosis. In the treatment of the latter he advises not only castration, but also the removal of the entire external genital apparatus. For the female masturbator he suggests the mild alternative of marriage. The impression left upon the mind after

reading the author's discussion of this subject is, that masturbation, though an almost universal vice with civilized man, is one that in the majority of cases either corrects itself or readily yields to judicious management and scientific treatment, and the physician who reads and imparts to his patient the author's teachings here will confer an inestimable blessing upon many men who are troubled by the dread of impotency and the memories of the vicious practices of early life.

His remarks upon the injurious effects of long-continued continence, upon the advantages of early marriage, and the dangers of sexual indulgence in those who go continent up to or past middle life and then marry, are timely and significant.

A Manual of Medical Jurisprudence, with a Special Reference to Diseases and Injuries of the Nervous System. By ALLEN MCLANE HAMILTON, M. D. New York: Bermingham & Co. 1883.

The reputation of Dr. Hamilton as a practitioner and writer in the department of neurology is sufficient to give this book a wide popularity. The work, an octavo of three hundred and eighty-six pages, "is presented as an elementary treatise and book of reference for lawyers and doctors." No attempt at elaboration is made, the essential features only of the questions discussed being brought to view and disposed of in short but very condensed chapters.

The student who desires to outline the subject of medical jurisprudence as a preparatory step to more serious study, the lawyer who wants something to the point in a pending case, and the physician who is on the eve of running the gauntlet of the court as an expert witness upon some vexed questions of mental deflection, will find a treasure in this work.

The Medical Directory of Philadelphia for 1884. Edited by SAMUEL B. HOPPIN, M. D. Philadelphia: P Blakiston, Son & Co. 1884.

This is, as all directories should be, a well-edited book. It contains a reprint of such laws, acts, and recommendations as are likely to be of living interest to medicine; a description of the medical schools, hospitals, infirmaries, dispensaries, and asylums, with the name, address, and office hour of each member of the medical guild. The names of the physicians appear, not only in alphabetical order, but also according to the streets upon which the doctors live. The regular physician is given the first place, but the eclectic, homeopath, and the diplomaless man find here also a "local habitation and a name."

The book, though of course designed especially for the entertainment and convenience of the Philadelphian, is not without interest to such persons in the outside world as may be curious to note the status of medicine in a city justly celebrated for great doctors and model medical institutions.

Medical Chemistry. Notes of a Course of Lectures delivered in the Kentucky School of Medicine. By SAM E. WOODY, A. M., M. D., Prepared by P. L. Garvey, Laboratory Assistant to the Chair of Chemistry and Toxology. Louisville, Ky: The Gilbert and Mallory Publishing Co. 1883.

This book is for the most part a syllabus of Professor Woody's course in chemistry, but a few of the lectures are published in full. The materials for the course have been carefully selected and systematically arranged with a view to giving the student only such chemistry as his future professional work may require. The editor has done his work critically, and the book must prove useful to the student for reference and study while attending a course of lectures.

Thirty-fifth Annual Report of the Trustees of the Indiana Hospital for the Insane, for the fiscal year ending October 31, 1883, to the Governor. Indianapolis: Wm. B. Burford, Contractor for State Printing.

Conversations with Drs. Warren and Putnam on the subject of Medical Ethics, with an Account of the Medical Empiricisms of Europe and America. By Frank Hastings Hamilton, M. D. New York: Bermingham & Co. 1884.

Elementary Principles of Electro-Therapeutics, for the use of Physicians and Students. With one hundred and thirty-five illustrations. Prepared by C. M. Haynes, M. D. Chicago, Ill: Published by the McIntosh Galvanic and Faradic Co. Price, $2.

Deterioration in Puritan Stock, and its Causes. By John Ellis, M. D., author of Avoidable Causes of Disease, Marriage and its Violations, Skepticism and Divine Reveation, etc. New York: Published by the Author. 1884.

Correspondence.

INFECTIOUS DISEASE BY IMPORTATION.

Editor Louisville Medical News:

Infectious disease is the only foreign enemy which threatens and may one day invade and decimate the United States. The danger is not visionary. Smallpox and other zymotic fevers are practically endemic in many of the larger European cities, but being usually confined within narrow bounds seldom excite public attention, yet there are times when, even in England, the pestilence stalks forth from the slums to scatter disfiguration and death among the wealthiest and the highest. Why may it not do so here? New York sanitation is notoriously far from perfect. Lesser outbreaks are of frequent occurrence throughout the country, and since the conditions, atmospheric or otherwise, which occasionally break down all limitations of infection are more or less undetermined, who can question the possibility of our finding ourselves face to face with the national disaster of an uncontrollable epidemic.

This much is certain, the present defective sanitary administration on ocean steamships offers an easy ingress to infection which existing quarantine arrangements are powerless to oppose.

When, as not infrequently occurs, zymotic fevers appear on shipboard during the trans-Atlantic passage, it is evident that many of the persons in such necessarily close proximity to the sufferer are likely to contract the disease, unless efficient isolation and disinfection are immediately enforced. It is equally certain that when the period of incubation is unfulfilled at the time of disembarkation, neither will these persons have been any inconvenience to the ship's officials while on board, nor can the most careful examination at quarantine distinguish them from the healthy. They are therefore permitted to proceed to their various destinations, there to become centers of possibly indefinite dissemination. That this actually happens, and frequently, is proven by the fact that almost every appearance of zymotic fever in any part of the United States is—as the present outbreak of smallpox at Easton, Penn.—directly traceable to the recent advent of immigrants.

The reasons are not far to seek. The medical officers of steamers are appointed by the owners without due regard to their fitness for the post, and are dependent for the tenure of their office upon persons whose first if not only care is to make the voyage with as little expense and inconvenience as possible; they are not allowed a particle of independent administrative authority in even the most purely sanitary matters, nor are they furnished with the means of combating disease; and, lastly, many of the vessels employed are so constructed that the isolation of infected persons is absolutely impossible.

A recent example is from many points of view interesting. A steamer belonging to one of the reputedly safest trans-Atlantic lines arrived at this port some months ago with a saloon passenger on board suffering from smallpox, and shortly after arrival another case was discovered among the steerage. The vessel was granted *pratique*, discharged her passengers, returned to England, and in due course arrived here again, with another consignment of passengers, and another case of smallpox—this time a steward who had served on the ship during the previous voyage, but who only developed symptoms of the disease thirty-two days after removal of the former cases. There are persons, and apparently in authority, satisfied with the assumption that cases of infectious disease following thus closely one upon another are nothing more than unfortunate coincidences for which no one may be held responsible. In the public interest more careful inquiry would seem desirable. The interval of time precludes the possibility of this steward having been directly infected by either of the previous cases, or during his former stay in this city. It seems highly improbable that he contracted the disease from an independent source at Liverpool, since smallpox was not prevalent there. Remaining is the choice of two equally unpalatable solutions: either the vessel was inefficiently disinfected after the removal of the first cases, and variola germs surviving, not less than sixteen days after the supposed disinfection (?), infected this man during the latter days of the eastward passage; or there were a succession of smallpox cases on board this steamer which were not recognized, or were intentionally concealed from the health officer of this port and from the public. A visit to the ship strongly confirmed the last supposition. The hospitals for infectious disease were situated in the forward part of the vessel between the decks, opening off, and ventilated exclusively into a covered-in pas-

sage running through the first-class saloon and the entire length of the steamer. In fact, if the builders had set themselves the task of constructing and locating these hospitals so as to disseminate throughout the inhabited parts of the ship every germ of infection coming from within, such an end could scarce have been more skillfully attained. And this is not an isolated instance of the total disregard of sanitary law on ocean steamers.

Within five months, dating from January 11, 1882, no fewer than twenty vessels infected with smallpox entered the port of New York. Upon four only was even partial quarantine enforced. The remaining sixteen were granted *pratique* as soon as the passengers and crews had been vaccinated. No doubt it was better to vaccinate than do nothing; but under the circumstances vaccination can not be regarded as affording protection, since it does not even modify smallpox previously contracted unless it has been so timed that the maturation of the vaccine vesicle shall precede the period of variolous invasion.

The order by which the surgeons on trans-Atlantic steamers are required to vaccinate steerage passengers within twenty-four hours after starting is practically ignored—seldom complied with during the time specified, and, when attempted, with what results may be judged from the report of the health officer. One surgeon reported two hundred vaccinations, of which not one proved successful, another two hundred and fifty, of which only two were successful, and so on.

But even if this order were carried out to the letter, it would be at best but a choice of evils, and I think the wrong one. That the medical officer of a crowded steamship should neglect other more pressing duties to vaccinate steerage passengers during the first day, or even days, of the voyage, would be manifestly inexpedient for the general welfare. On other grounds it would be both cruel and unscientific; cruel, as disturbing unnecessarily persons already miserable, many of whom would be in the throes of sea-sickness, and might claim at least to be let alone; unscientific and calculated to discredit this most valuable of prophylactics, as challenging an epidemic of erysipelas under conditions combining to favor its development and spread.

Thus is quarantine administered in the United States, and thus is the country sown broadcast with foreign infection, which will assuredly one day take root and flourish.

Is it wise to wait till the panic of that day shall call forth extreme precaution in measures repressive of convenient travel and healthful immigration?

Surely it were better that Congress should now, by moderate legislation, guard the country against pestilence, and insure the protection of intending citizens during the ocean transit. This may be secured by (1) requiring all persons coming into the United States to show evidence of having been vaccinated not less than fourteen days previous to embarkation; (2) by insisting that ocean steamships shall provide proper hospital accommodations and necessary assistance for the care of the sick; and (3) by establishing a competent service of Marine Medical Officers, who, being independent of interested influences, and responsible to Government for the discharge of their duties, and intelligent co-operation with the quarantine authorities, would be some guarantee that the laws should be observed throughout the voyage.

J. A. Irwin, M.D., M.A. (Cantab.)
Late Physician to the Manchester Southern Hospital for Women and Children.

SPECIAL RATES TO AMERICAN MEDICAL ASSOCIATION DELEGATES.

Editor Louisville Medical News:

It has been provided that delegates and their families paying full regular fare from points within the territory of the joint Executive Committee to Washington, D. C., for the purpose of attending the meeting of the American Medical Association, beginning May 6th, may be returned to such points upon continuous passage tickets at one fourth (¼) the lowest unlimited rate, upon presentation of certificates properly issued through the secretary of the organization under the rules, and indorsed and stamped by the agent of committee in attendance at the meeting. Such certificates shall certify the rate paid for going passage and the route traveled. It will be necessary for delegates to procure certificates from William B. Atkinson, M.D., 1400 Pine Street, Philadelphia, Pa., and have them filled out (one for each ticket) by selling agent at starting point. Delegates may purchase regular limited or unlimited tickets, and should see that the route of same corresponds with the certificate, and that the latter is properly signed by the agent.

W. B. Shattuc,
General Passenger Agent O. & M. R'y.

THE KENTUCKY STATE MEDICAL SOCIETY.

Editor Louisville Medical News:

The twenty-ninth annual meeting of the Kentucky State Medical Society will be held in the city of Bowling Green, Ky., from 12 o'clock M. of Tuesday, June 3, 1884, to Thursday, June 5, 1884, inclusive.

Reduced railway and hotel rates will be secured by the Committee of Arrangements.

The Society has reason to felicitate itself upon the prospect of a large and representative attendance, and the presentation of many essays upon scientific and practical subjects.

Members are requested to contribute papers upon subjects of their own selection, and I will thank the authors of such papers if they will send me by the 20th of May the titles, so that no paper may be omitted from the programme.

S. M. LETCHER, M. D.,
Permanent Secretary.

J. N. MCCORMACK, M. D.,
President.

Selections.

REMARKS ON CHOLERA INFANTUM.—Dr. James Craig, Jersey City, N. J., writes, in the Archives of Pediatrics:

During the summer months the mortality among children until the completion of their first dentition is alarming, and calls for the earnest attention of medical men. The extreme heat and enervating character of our climate tend to exhaust and induce a nervous condition of the system, and when attacking the digestive organs produce a specific diarrhea, well named cholera infantum. Its course in some cases is very rapid, and in all dangerous, if not soon relieved. The watery evacuations produce a thickened condition of the blood, interfering with free circulation, causing passive congestion of the brain, and adding another danger, viz., compression from effusion of serum into the ventricles, producing convulsions, and in some cases coma and death.

Convulsions, also, are caused by reflex action from irritation of the stomach and bowels. In some cases the stools are very frequent, with an odor *sui generis*, which is almost pathognomonic of the disease; in other cases, there may be very few movements, but very large in quantity, and when such is the case may there not be a septic influence at work poisoning the blood and overwhelming the system? Cleanliness should rigidly observed, and the stools removed as soon as voided. Vomiting, or the effort to do so, is a very distressing symptom, and demands prompt attention.

The treatment of cholera infantum varies very much, and depends upon the physician's ideas and experience. The indications are to prevent nausea and vomiting, support the strength, and check the diarrhea. If nursing no change in diet is made, but care should be taken not to nurse the child too often or too much at a time. If bottle-fed the milk is stopped, and stale bread, soaked in water with a little sugar and brandy added, or Robinson's prepared barley, or arrow-root made with water, given in small quantities answer a good purpose. Milk is also prohibited where the child is weaned, but is gradually resumed as it improves; where the child is weak, one teaspoonful of brandy to six or seven of water, a teaspoonful of which is occasionally given. Where a more powerful stimulant is required, carbonate of ammonia in one- or two-grain doses mixed in syrup of acacia is used according to the age of the child.

For the gastric and intestinal derangement my favorite prescription is:

℞ Liq. Acidi Carbolici, 5 per cent, . . . ℥j;
Bismuthi Subcarb., ... } āā ℥j;
Pepsini sacch., ... }
Aq. Cinnamomi, ... ℥iij;
Syr. Aurantii cort., ... ℥ij.

M. Sig.: A teaspoonful every two or three hours until relieved.

I also apply a spice plaster over the abdomen composed of the following: Powdered cinnamon, cloves, nutmeg, ginger, allspice, of each, two drams; honey and glycerine, of each, four drams; white of one egg. And spread on cheese cloth or fine mosquito netting. It may remain on over the region of the stomach and bowels for hours or days without blistering—it merely reddens the skin, and is an excellent counter-irritant. A bandage should be applied over it to keep it in place.

Change of air frequently brings about convalescence in a very short time. When that can not be had, the next best thing is to take the child out daily for an hour or two at a time early in the morning and late in the afternoon. While in the house the child should be kept in a well-ventilated room, free from draughts.

ARTIFICIAL RESPIRATION IN STILL-BORN CHILDREN.—The Medical Times gives the following abstract of a paper read before the Royal Medical and Chirurgical Society, by Francis Henry Champneys, M.A., M.B., F.R.C.P.:

1. The effect produced by the presence of air in the abdominal viscera on the amount of air capable of being drawn into the lungs by the manipulative methods was tested. A cannula was tied into the navel of a still-born child so that the abdominal cavity could be distended at will. Moderate or even extreme distension of the abdomen produced no effect on the amount of air inspired.

Conclusion: The presence of air in the abdomen (for example, in the stomach and intestines) in no way impedes the ventilation of the lungs by artificial respiration. N. B. Its effect on natural respiration is another matter.

2. Certain methods of preventing the entrance of air into the stomach in mouth-to-mouth inflation were then tested: (*a*) by pressing the cricoid cartilage against the spine; (*b*) by strongly bending the head back.

Conclusion: Both methods are powerless to prevent the entrance of air into the stomach while allowing it to enter the lungs (in infants).

3. The condition of the upper air-passages (as to patency) when the head was strongly bent back was tested by a sagittal section of a still-born child frozen in this attitude.

Conclusion: The soft palate lay against the back of the tongue over a large extent. This attitude, therefore, can not be trusted to secure patency of the upper air-passages.

The great difficulty is probably lower down; it is suggested to leave a catheter in the trachæ during artificial respiration, which will serve for the escape of mucus as well as for securing the patency of the air-passages. It may be secured by an elastic band at the proper length (three and a half inches from the lips).

4. An improved method of removing mucus from the air-passages is given.

5. The signs of returning life in a deeply asphyxiated child are given from a careful observation.

Comments: Dr. Matthews Duncan said that he had noticed an improved color, with a fuller and more rapid pulse, take place before any respiration occurred. He then inquired whether Dr. Champneys had observed a double form of respiration in these cases—first a violent spasmodic breathing, "the asphyxia breathing;" then, shortly afterward, the ordinary rhythmical—and how these two forms alternated for a while before the ordinary form of breathing was fully established. The use of a catheter, he said, was very old, but it appeared to have been given up; why, he could not say; among students, it probably was inefficient, on account of being passed into the esophagus instead of the larynx. He should not have thought that repletion of the abdomen would have been found to exercise so little effect on the amount of air inspired. In pregnant women, as was well known, there was no interference with the respiratory function, but in them what the chest lost in one direction it gained in another. Dr. Bowles said that when the Marshall-Hall method was first introduced, great expectations were formed of it. He had had two opportunities of examining fetuses in which the method had proved quite insufficient, and he had since thought that the reason for this was to be found in the fetal tissues themselves; they were very soft and flabby—not unlike wet paper—the ribs had no elasticity, and hence could not do the share of work that was expected of them, and on which the plan depended. Then there was no pharyngeal cavity, and he had been interested in learning how Dr. Champneys got over the difficulties which this fact entailed. In his own opinion, respiration in such cases could only be brought about by some reflex action, and he agreed with Dr. Duncan as to the changes in appearance in the infant which preceded actual respiratory effort. The heart might beat well and for many minutes without any respiration. In the Marshall-Hall method, pressure on the chest was further useful by assisting the circulation of the blood through the cavities of the heart.

TONSILLITIS AND TONSILLOTOMY.—Dr. Morell Mackenzie writes, in the Medical Times: Among the many hundreds of cases in which I have operated, I know of only two in which there was any sign of subsequent enlargement. As we are generally reminded of *un*successful cases, I am sure that if any considerable proportion of my operations had not turned out well I should have heard at least of some of them.

In one of the two instances to which I have alluded, I believe that I performed the operation incompletely, or perhaps I should

say insufficiently, while in the other a severe attack of inflammation (occurring long after the tonsils had been removed) left a little enlargement behind it. I have, however, seen many children a few weeks after they had been operated on by surgeons of the highest position, but whose experience on this particular point had been comparatively limited, in whom it was obvious that not nearly enough of the gland had been taken away. In these cases the patients' parents have usually told me that "the tonsils had grown again." I have also occasionally seen my pupils excise tonsils in such a way that it would be easy for any one afterward to think that the "tendency to hypertrophy" had manifested itself anew. My experience is entirely favorable to tonsillotomy. The great benefit received by one child in a family has over and over again induced the parents to bring their other children to be operated on as they have successively been attacked. Space will not permit me to detail the enormous permanent benefit I have seen following the operation, nor the prejudicial and even fatal results which I have known ensue from the enlarged glands being allowed to remain in the throat.

Danger of Anesthetics in Kidney Disease.—Dr. Turnbull dwells upon the great importance of attention to the condition of the kidneys and examination of the urine when an anesthetic is to be administered. Many deaths, unaccountable otherwise, are due to this cause. In diseases of the kidneys, the blood being loaded with urea, anesthetics almost invariably produce coma and death. He enumerates a considerable number of deaths from ether and hydrobromic ether, but very few from chloroform. Norris has reported two cases of death supervening unexpectedly from sulphuric ether after operations for cataract. Both recovered consciousness but died comatose, one in a few hours, the other after eighteen days; no organic lesion was found post-mortem except Bright's disease. Cases have also been reported by Emmet, Hunt, and Montgomery, verified by post-mortem examination. The kidneys are the active agents in eliminating ether from the blood, and if they are unable to perform this office, and if the skin is cold, moist, and inactive, death will supervene by accumulation of mucus in the lungs or congestion of the brain in true Bright's disease of the kidneys.—*Medical and Surgical Reporter.*

Pruritus at the Menopause.—The pruritus so often observed in women at the menopause, or change of life, is well known to be excessively rebellious to treatment, and the suffering caused by the affection, morally and physically, is often very serious. It is nothing uncommon to see women in the greatest prostration and despondency from the loss of sleep and appetite produced by an insupportable itching. The practitioner has often been disappointed at the little result obtained from the employment of remedies recommended by the greatest authorities, and both patient and attendant despair of success. Dr. Cheron highly recommends the following ointment where the pruritus is localized to axilla, the vulva or thighs, or the abdomen. He declares that if this pomade is applied morning and evening the affection will yield to its influence: Veratrine, three grains; axunge, one ounce. When the pruritus is general over the body, he advises the veratrine to be given internally in pills: Veratrine, one third grain; liquorice powder, sufficient quantity for forty pills. Two to six a day.—*Medical Press.*

On the Importance of Draining a Suppurating Kidney before Performing Nephrectomy.—Mr. R. Clement Lucas, Assistant-Surgeon to Guy's Hospital, urges this precaution before attempting nephrectomy. It is not only that drainage relieves at once the patient, and in many instances is sufficient for cure, but it renders subsequent nephrectomy less dangerous. Thus a double advantage is obtained. At first the patient is subjected to only a trivial operation, which is certain to give relief and may effect a cure; and secondly, should the course of events later indicate the advisability of removing the shrunken kidney, nephrectomy will have a greater chance of success. I showed in my paper that six cases were all successful in which nephrectomy followed drainage, whereas nephrectomy for pyonephrosis, with these cases abstracted, brings a mortality of fifty per cent. It is but reasonable to anticipate some such difference in the results; for, apart from the accidents which may happen in the attempts to remove a large and adherent bag of pus, it is evident that a much greater surface must be exposed to injury in removing a distended kidney than in excising a shrunken one. Further drainage gives time and opportunity for the patient to gain strength before being subjected to the major operation.—*British Medical Journal.*

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 10, 1884.

Original.

THE SPECIALIST.*

BY R. MAUPIN FERGUSON, M. D.

Surgeon to Eye, Ear, and Throat Department of Louisville City Hospital.

In the mechanical arts it has long been established that the less variety there is in a man's work the more rapid, accurate, and valuable his labor becomes. A needle must go through many hands before it is finished, each workman having but a single thing to do. By so working it is found that more needles and better needles are made than where each man makes his entire needle.

The same thing holds good with regard to medicine, only in an infinitely greater degree. Medical literature has already reached perfectly bewildering proportions and is being increased in an atrociously unfeeling manner. No man, especially if he be engaged in active professional work, can begin to keep pace with the rapid advance of medical lore in all its various departments. If the doctor should devote his entire life to study he would still fall far short. The doctor, however, is an active member of society, and his duty is to relieve disease and suffering. He should be ever ready, willing, and able to relieve the ills of mankind so far as possible. This can only be done by a division of medicine for purposes of practice into various departments and specialties.

In all the larger cities of Europe and America there are numerous specialists, indicating that the want is more keenly felt in the more enlightened quarters.

No one is better aware of the fact that medicine in its totality can never be successfully practiced than the general practitioner. So well does he recognize this that the great majority of general practitioners make no pretense whatever to knowledge of special departments. They send their surgical cases to the surgeon, their gynecological cases to the gynecologist, their ophthalmic cases to the oculist, etc., reserving to themselves only those cases with which they feel perfectly at home. By so doing these general practitioners are in reality specialists, but their specialty is of such general, diffuse, and scattered nature that they themselves are the only persons who know exactly in what their specialty consists.

The specialist at present must undergo, and it is sincerely to be hoped that it always will be so, the same prolonged course of study that the general practitioner does. After having accomplished this he acquires, by years of experience or a stay of several years in some of the special hospitals of Europe or the larger Eastern cities, where hundreds of cases are seen daily, an intimate practical knowledge and manipulative skill in his special line.

Without this thorough grounding in the fundamental principles of general medicine and without this thorough training in diagnosis, treatment, and manipulative procedure in his specialty, the specialist would merely belie his title.

The magnitude of the various specialties is as a rule vastly underrated. I well remember that when I went abroad I hesitated some time before I could consent to devote my whole life to such a small department as the eye, ear, and throat. It required, however, but a cursory glance at the immense cliniques of Vienna and at shelves loaded with works on ophthalmology, otology, laryngology, etc., to convince me that even in this narrow (?) field one may find ample opportunities for employing his talents and time.

Should a man devote his entire life to the study and contemplation of any one of

*Read before the Medical Society of Louisville, April 17, 1884.

the diseases of the eye which are only imperfectly understood, or not at all, as glaucoma, or near-sightedness, for instance, he would undoubtedly have a field sufficiently large to make himself immortal in. A man's knowledge of a disease must be in direct proportion to the number of cases he has seen and the amount of study and thought he has given the subject. For this reason the specialist is much more apt to make discoveries and advancements in his particular line than is the general practitioner.

Another reason for the existence of specialism in medicine is the fact that many affections can only be alleviated or cured by the use of expensive instruments, or instruments difficult of manipulation. These no sane general practitioner would ever dream of purchasing. He would not be repaid for his outlay if he did invest in such special apparatus. There can be no doubt that many practitioners frequently come across special cases which they perfectly comprehend, but for the treatment of which they are not prepared. How many physicians, may I ask, have a set of test-glasses for determining what are appropriate glasses, or whether glasses are necessary at all; how many have an ophthalmoscope (which they can use) or a sufficiently intimate knowledge of the mechanical appliances necessary in treating deformities? I venture to say that not one general practitioner in fifty has even a card for testing the acuity of vision. Such a card costs almost nothing and is of inestimable value in determining the degree of impairment of sight. Why does the general practitioner dispense with such useful, such necessary helps? It can only be because he recognizes his ignorance of such affections, because he knows that it requires prolonged practical teaching and thorough study to become competent and feels that he will not be repaid for his time and trouble.

Specialism is a comparatively new thing, and many practitioners have not yet been able to wean themselves from the backwoods custom of treating every thing that turns up to the best of their ability. The specialist is often astounded by the absolute ignorance of physicians of the highest standing with regard to the simplest matters connected with special departments. Such ignorance is natural and unavoidable on account of the immensity of the field, but it is inexcusable when the general practitioner can not resist the temptation to put in a random lick on general principles. This reference to ignorance is not made in any depreciatory spirit, but merely as an illustration of the fact that finite minds can not grasp the infinity of medical lore. The specialist must bear his burden of ignorance as well as others.

Again, many branches of medicine are barely referred to in our colleges, and others are entirely neglected. Are those suffering with these neglected diseases to be turned aside and allowed to fall an easy prey of conscienceless scoundrels who live on the fears and ignorance of their prey?

In the face of such weighty considerations it is difficult to conceive why certain general practitioners should evince prejudice against specialists. On the part of a small minority of general practitioners, however, such a prejudice undoubtedly does exist. The immense majority of the profession, however, have long since recognized the good effects of specialism, and have not only ceased all opposition, but welcome the advent of specialists in their midst as releasing them from the responsibility of treating affections with which they have but little acquaintance. This result was, however, not obtained without a struggle. The specialist was even denied the right enjoyed by every one else, the general practitioner included, of indicating to the world at large his business. This last right was finally accorded him by the highest medical tribunal in the land, the American Medical Association, and still some grumble and inveigh against those who announce that their practice is limited to diseases of the eye, of the ear, of women, etc. They are still forbidden to announce themselves as oculists, aurists, gynecologists, orthopedists, etc.—and why? Because it is said such titles imply a superior knowledge in such branches. But, if it be true that they have such superior knowledge in their respective specialties, why not allow them to adopt titles descriptive of their avocations. That they have superior knowledge I think all will admit.

That class of general practitioners who are inclined to cavil at and belittle the work of the specialist is daily growing smaller and smaller, and it is to be hoped that ere long there will be absolute harmony between the general practitioner and specialists. Each has frequent and constant use for the other. The relationship of each is as a part to the whole. As it is the specialist has but little cause for complaint against the general practitioner, as the latter, as a rule, refers all cases which obviously fall in the proper domain of the specialist to one. There is,

however, a small class of men who, while recognizing the special knowledge of the specialist, seek to make use of him and reap the benefit themselves. The following note from a general practitioner was recently received by a specialist, and the former would doubtless have been much surprised by a refusal from the latter. The note was as follows:

Dear Doctor: Please examine this patient and let me know the trouble. What would you recommend for treatment? Yours truly, ——.

Not being able to make a diagnosis, and equally at a loss as to treatment, justice should dictate a transfer of the patient into other and better qualified hands. It is a duty each member of the profession owes his patients and his profession, to labor for the benefit of both.

This is best obtained by attending to such cases as are thoroughly understood and referring those which are not to those members of the profession who have made such subjects a special study. The laity are necessarily ignorant of the possibilities of medicine, and thousands go through life suffering from ailments which could be easily relieved. It is to the general practitioner that patients first apply; and, excusable as he is for being ignorant outside of his own line, it is a duty he owes to society to recommend all cases to proper and reliable men.

I often have the opportunity of seeing patients who have suffered for months or even years with such dimness of sight that their pleasure, usefulness, and prospects in life have been marred, and still they have been under the direct observation of many physicians, complained of their troubles, and not even been advised to consult some one who has made such affections a special study. Such occurrences are deplorable, for it is the fundamental principle of the true doctor to be a humanitarian and lessen disease and suffering wherever found.

How many thousands of cases of curable club-foot, of curable blindness, or deafness, of curable female diseases are scattered about through the country, ignorant of the fact that a cure is within their reach! Every cure that is effected redounds to the credit of the entire profession and increases the confidence and reverence of the people for the most noble calling on earth. Every case that fails to be relieved is marked by many, and leaves an impression of the fallacy of medicine. So it behooves us all to mark out a limited area and make ourselves as thoroughly masters thereof as possible, to keep awake to what others are doing in their respective spheres, to cultivate an intimate fraternity, and to work as a body for the advancement of the profession as a whole. By so doing, the lame, blind, and halt reap the benefit, and misery, want, and suffering are diminished—that is, medicine accomplishes its full object.

LOUISVILLE, KY.

Miscellany.

WRETCHED ROME.—Mr. Ernest Hart thus closes the fifth of his recent series of charming letters from Italy (British Medical Journal):

The best *cuisine* which I found at Rome was at Corradetti, 81 Via di Croce; it deserves this mention, not only for the excellence of the food and the cooking, the cleanliness, order, and civility of the service, but also for the great moderation in price which used honorably to distinguish the Roman *trattorie*, but which is now fast making way for high prices, poor food, and bad French cooking. Excellent wine is served here at five pence the small flask, good soup is from three pence to four pence a portion, and the tariff generally is of the same exceptional and surprising moderation, while quality and cooking are alike commendable. This is a descent to very minor and mundane trifles; but the web of travel is woven with warp and woof of very various material and changing hue; and nowhere do sublimity and triviality more intimately mix; the solemn grandeur of the ages and the ideal glories of genius contrasting in one view with the petty miseries and sordid needs of the meanest of mankind. Beneath the triumphal arches of Roman emperors straggle the ragged paupers and deformed beggars of modern Rome; under the shadow of ruined temples and towering but lovely shafts crouch the disinherited outcasts of what claims to be a higher, but is certainly not a more dignified, perhaps hardly a more humane, civilization. Up the Esquiline heights toil and strain the wretched animals, asses, oxen, mules, horses, roped in nondescript teams, dragging weights far beyond their strength; the torturing lash resounds; oaths, blows, and kicks fall thickly; and, gentle and kindly as modern Romans are in many of their modes, one can but regret daily, in passing through the streets, that

their humanity is not more catholic and does not extend to beasts of burden. "*Non é cristiano*" is the not infrequent but strange reply to remonstrance against the constantly recurring scenes of cruelty to draught-animals in the street. "Cruelty to animals" prevails in the streets to a sickening extent: a society exists to check it. I wish I could hope that these words of protest might quicken it to more effectual activity.

NAPLES.—Of Naples Mr. Hart thus writes: The state of the great thoroughfare leading from Naples to Torre del Greco can only be paralleled in Constantinople. The people live hard, are badly fed, ill-clothed, ill-paid; they are shameless and persistent beggars, and, as to the greater number of them, can not be trusted to name a fair price for any service which they render or any wares which they sell. This is a serious indictment to draw; and yet I am sure it is not framed with ill-will or with any conscious exaggeration.

For, spite of all, notwithstanding that Naples is the dirtiest, raggedest, most obscene and squalid city of Europe, although the disorder of her streets and the infection of the atmosphere raise moral and physical disgust; although her population is so poor that only 50,000 out of her population of 500,000 pay, I was informed, any taxes; although her trade is falling off and her greatness tottering, still Naples remains a city, not only with a great past, and having such present attractions as no rival can boast, but also, I believe, a great future. And since we must all die, every one who can should, at least, try to see Naples once before dying. Her trade may yet take a fresh impulse, when the Italian Government is wise enough to free her maritime port from the excessive imposts which now prevent her from becoming the *entrepôt* of the East and West. Her streets may yet be clean, when the great scheme is carried out which the municipality has long had in hand, and of which I have seen the plan, for bringing in a fresh water-supply, and laying down a scientific system of drains. Fifty millions of francs, we are told, are to be spent on this shortly; a wise outlay if intelligently made.

MR. GLADSTONE is steadily, but somewhat slowly, recovering from the attack of bronchial and laryngeal catarrh under which he has recently labored.—*British Med. Journal.*

GOVERNMENT quarantines are now open at Ship Island, Miss., in the Gulf, and at Sapelo, off the coast of Georgia, the former under Acting Assistant Surgeon George H. Stone, stationed at Savannah, with Acting Assistant Surgeon Brunner at the station on Blackbeard Island, Sapelo Sound. The Cape Charles Quarantine Station on Fisherman's Island, Chesapeake Bay, will be opened on the 15th inst., Passed Acting Assistant Surgeon Fairfax Irwin, U. S. Marine Hospital Service, in charge.—*Medical News.*

FOOTBALL: THE KILLED AND WOUNDED. Very recently, under this title, we commented on two deaths in the football field; but, in this short interval, two more deaths have occurred, both from injury to the spinal cord. In one case death was rapid, almost sudden; in the other, the unfortunate young man, a student at the Royal Engineering College, Cooper's Hill, lingered for four months in a hopeless state of paraplegia produced by hemorrhage into the cord.—*British Medical Journal.*

A RECENT great fire in London destroyed the publishing house of Messrs. Pardon & Son. Among the serious losses to medicine thus occasioned was that of the entire edition of the second volume of Dr. Morell Mackenzie's long promised work on diseases of the throat and nose. The book will be reprinted from proof-sheets in the author's possession, but the publication will be delayed for some months.

A COMPLIMENTARY dinner is to be given Prof. Alfred Stille, at the Hotel Bellevue, Philadelphia, on Thursday evening, May 22d. Prof. Stille retires from the chair of Medicine in the University of Pennsylvania after many years of most honorable service. It is fit that the medical profession of Philadelphia should do honor to one who has done so much for the credit of his city and the good of medicine.

TWENTY-EIGHT deaths from yellow fever are reported from Rio for the week ending March 15th, and forty-two for the week ending March 22d.

LIGHT IN THE DARK CONTINENT.—South Africa has a medical journal.

THE New York Cancer Hospital is reported to have received a gift of $200,000 from Mr. John Jacob Astor.

PROF. WILLARD PARKER, M.D., LL.D., died in New York City on Friday the 25th of April. Beginning his life with the dawn of the present century, it has been given few men to fill a more conspicuous place in its history, so far as medicine and medical education are concerned. Dr. Parker was born September 2, 1800, in Hillsboro, N. H. He graduated at Harvard University in 1826, and immediately entered upon the study of medicine, spending two years as house physician to the U. S. Marine Hospital at Chelsea, Mass. He afterward became the private pupil of Dr. John C. Warren, Professor of Surgery in the Harvard Medical School, assisting in the anatomical department of this institution. In 1829 he was appointed a house pupil at the Massachusetts General Hospital, receiving his degree during the next year from the Harvard Medical School.

His career as a teacher now began, and his work in this, his favorite calling, was continued with zeal and success up to old age. His first appointment was to the lectureship of anatomy in the Woodstock, Vt., Medical School; from this he was called to the professorship of anatomy in the Berkshire Medical College, at Pittsfield, Mass., and subsequently held the chair of surgery in this school. In 1836 he accepted the professorship of surgery in the Cincinnati Medical College, and after a short service in this place went to Europe for the further pursuit of his studies. On his return he settled in New York, where in 1839 he was appointed professor of surgery in the College of Physicians and Surgeons, a position which he held until 1870, when he was made professor emeritus.

In 1845 he was made one of the surgeons of Bellvue Hospital, and in 1856 received a like appointment upon the staff of the New York Hospital.

It was in attendance upon these hospitals, and as a teacher of clinical surgery in the College of Physicians and Surgeons, that he became distinguished for his wisdom and foresight in diagnosis and his skill in operative surgery.

Dr. Parker was in every sense of the word a general practitioner, having but little regard for specialties. He was so busy with his lectures and practice as to find little time for writing. He therefore leaves no works on medicine, but has made some valuable contributions to practical surgery. He was the first to point out the distinction between "concussion of nerves" and "concussion of nerve centers." Among his contributions to surgery are cystotomy for chronic cystitis, and the operation for abscess of the appendix vermiformis. His operation for the relief of laceration of the perineum through the sphincter was an important contribution to the surgery of this affection. He ligated the subclavian artery five times, and was the first, in America, to ligate the common carotid and vertebral arteries, in this operation, to prevent hemorrhage by anastomosis.

He was a ripe scholar, a brilliant lecturer, a model citizen, a devoted husband and father, a true friend, and a man of deep religious convictions and spotless character. He leaves a wife, a son (Dr. Willard Parker), and two daughters.

HEMLOCK AS A BEVERAGE.—The Northwestern Lumberman asserts that beer is now made of which hemlock bark is a principal ingredient. The cargo arrivals of the bark at Chicago are numerous, and it is claimed that it is extensively ground and sold to makers of beer at different points, a variable amount being retained for home use. It seems that the chief substances used in adulteration are tanbark and soda, with a little rice malt to give it body and hold the foam. This use of hemlock bark is a new discovery, and is especially available as a substitute for malt and hops. It is non-poisonous, and adds the pungent bitter taste and dark reddish color, and has the prime recommendation (to the brewers) of being cheap.

THE INFLUENCE WHICH THE PRESENT SYSTEM OF EDUCATION HAS UPON THE HEALTH OF THE COMMUNITY.—Dr. Howie, in February, read a paper before the Liverpool Medical Institute, of which the following is the Medical Press's abstract:

He held that it is the duty of medical men to insist upon the evil effects which are certain to follow if the present course is persistently pursued. Confining his remarks entirely to children under twelve, he said that no such child ought to be called upon to perform any kind of work whether muscular or mental. That four hours *mental exercise* is enough, twelve hours in bed, four hours for meals, etc., and four for muscular exercise. That, much as he believed in education as a means of national improvement, yet it would be better to leave the masses uneducated than to train their minds at the expense of muscular strength and dexterity.

Reading and writing, although extremely important, yet were not absolutely essential to the highest education, that facts themselves, without the ability to think and speak correctly about them, are of but small advantage in mental training. Under the existing educational code teachers are compelled to force into the minds of their pupils information for which they are utterly unprepared either by age or previous training. That the blame rests on the framers of this code who have utterly ignored the brain capacity of children, and not on the schoolmaster or inspector who is simply acting in accordance with their directions. Throughout the whole course of a child's school career, most of the subjects of study are quite beyond his intelligent grasp, unless he is specially precocious. He then described at some length the influence which close confinement in school-rooms had upon the health by inducing a tendency to frequent bronchial catarrhs, which in children of phthisical history will untimately lead to that disease, and quoted several cases from his own experience in support of this. He also spoke strongly in favor of the half-day system of schooling. In our elementary schools it is not so much actual overwork as excessive stimulation of the growing brain which leads to its far too rapid growth to be healthy, the nerve structure is through this rendered extremely sensitive and lacks stability. In order to remedy the present system he suggested that, first of all, we ought to choose good teachers and give them a considerable amount of freedom in dealing with the pupils, and to abolish the system of payment by results.

Slaughter-Houses in the Center of a Great City.—The British Medical Journal's correspondent in Liverpool gives the following remarkable intelligence. We did not suppose that such a sin against health and the olfactories could be committed in England:

On February 25th, a meeting of members of the profession was held at the Medical Institution to consider the question of the renewal, by the corporation, of the lease held by the Abattoir Company. Our abattoirs are situated in the center of the city, between the Northwestern Railway Station on the west and the Royal Infirmary on the east. The usual operations and trades connected with slaughter-houses are also carried on in their immediate neighborhood; and the streets in this district are, many of them, wretchedly narrow, dirty, and confined. At all times of the year, and especially of course in hot summer weather, the atmosphere of this part of the city is impregnated with the most horrible and offensive odors, which are conveyed far and wide in various directions, according to the prevailing wind. It appears that, if the lease be renewed, the inhabitants of Liverpool will have to endure this insanitary state of things for many years. It is very generally felt among medical men, and also among laymen who take an interest in sanitary matters, that the danger of the present position of the abattoirs can not be conclusively shown simply by taking the death-rate of the streets around the slaughter-houses; and, whether the death-rate of a part of the whole of the city be affected or not by them, no reasonable being can doubt for a moment that the presence in the heart of a great town of such noxious trades must be deleterious to the public health. However, there are many interests involved in the question, and we can not hope for a solution of the difficulty at once.

Bad Drainage.—Before the Philosophical Society of Glasgow, in a paper on House Sanitation, Dr. Bell expressed the opinion that dishonest plumbers and builders were frequently as guilty of manslaughter as were the wretches who from time to time were convicted of that crime at the bar of justice. He referred to two cases of bad drainage met with in his own experience. In one of the cases four children had been attacked with typhoid fever, while in the other case a number of children had been attacked with diphtheria, as a consequence of defective drainage. It was appalling to contemplate how many valuable lives might have been sacrificed to the avarice of tradesmen in the construction of defective drains. As a protection against bad drains he suggested that the work should not be covered until it had been inspected by a surveyor and certified to be in perfect order. The pipes should also be examined periodically. He recommended that the surveyor should be appointed by the Government, and that he should be independent of plumber or proprietor.—Dr. Eben Duncan gave it as his opinion that if sewage gas propagated fever at all, it did so in a very small degree. It was too frequently the case with medical men when they were called in to a case, and found there was a defect in the drainage of the house, that they considered that suffi-

cient to account for the disease. That, he thought, was a false position for any man to take up.—We agree, so far, with Dr. Duncan. Much merited contempt is brought on ephemeral medical theories, in consequence of the abundance in the medical profession of under-educated hobby-horsical men who are incapable of seeing or reasoning beyond one phase of given questions. We do not agree with those who argue that those people should be let alone, and left to the ultimate tribunal of public common sense, for public common sense is an infinitesimal quantity. *Medical Press.*

THE DUKE OF ALBANY'S DEATH.—The very fragmentary reports which have been received respecting the much-regretted death of Prince Leopold have left the cause of death very much a matter of speculation and dispute in medical circles. There does not seem to be any good reason for supposing that the injury to his knee which the Duke had sustained had any immediate connection with the unhappy sequence, but it may be that it had its effect as a determining cause of brain excitement, which resulted—in a patient of known hemorrhagic tendency—in a sudden cerebral bleeding, and death ensued from the apoplectiform effusion.

A remarkable instance of fatal bleeding of this character was communicated to the Academy of Medicine of Ireland, by Dr. William Frazier, of Dublin, on the 16th of March, 1882—and is reprinted in the Academy Proceedings—of an unmarried woman, aged about fifty, the subject of frequent bleedings from stomach, lung, and nose whenever she was in any way excited or thrown off her balance. She presented no sign whatever of organic disease, but, nevertheless, was seized without any warning with a pain in her head, upon which coma speedily followed, and she was dead in a few hours, from, as Dr. Frazier believed, a cerebral hemorrhage. There seems to be a close analogy between this case and the Prince's, which is stated to have first shown itself in the stertorous breathing, which is a usual indication of apoplexy.—*Medical Press.*

PATENT MEDICINE.—In the discussion of a bill providing for the regulation of the patent-medicine business in England (British Medical Journal), it was said that there was no fewer than eight hundred or a thousand owners of proprietary medicines in England, and that nineteen thousand people were employed in their manufacture and sale. If this be so, it can only show the great need that exists for regulating a trade of such magnitude and liable to have such injurious effects on public health.

CARBOLIC-ACID POISONING.—Dr. Albert Heind records, in the Lancet, the case of a girl of seventeen, who swallowed by mistake the contents of a six-ounce bottle of carbolic acid, strength fourteen per cent, and recovered. The treatment consisted of mustard and salt in warm water and lime scraped from the wall, these remedies being administered before the doctor arrived. The physician gave the whites of fifteen eggs, mixed with a gallon of warm sweetened milk. After free emesis a soap and opium pill was given with arrow-root and warm poultices applied to the abdomen. The patient was relieved and recovered perfectly in a few days.

DR. R. H. GALE died at New Liberty, Ky., on Friday the 2d instant. The cause of his death was cancer of the stomach, a disease from which he had been suffering for several months.

Dr. Gale was born in Owen County, Ky., in 1828. He received his academic education at Transylvania University, and graduated in medicine from Jefferson Medical College, Philadelphia. He practiced in Covington, Ky., and in his native county, and served as a surgeon in Col. Howard Smith's regiment, Morgan's Command, during the war.

In 1873 Dr. Gale came to Louisville, where he held the position of surgeon to the L. C. & L. Railroad for about seven years.

About four years ago he was made superintendent of the Anchorage Lunatic Asylum by Gov. Blackburn, and held this place up to within a fortnight of his death. Dr. Gale was a man of commanding figure, great force of character, and fine social qualities.

During his sojourn in Louisville, his office absorbed the most of his time, and he was therefore but little known to the local profession as a practitioner of medicine. In the department of public charities, however, he did good service, being an influential member and once President of the Board of Commissioners of the Louisville City Hospital.

CHOLERA is on the increase at Calcutta.

The Louisville Medical News.

Vol. XVII. SATURDAY, MAY 10, 1884. No. 19

H. A. COTTELL, M. D., - - - - - - - Editor.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editor is not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITOR OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

1805. SAMUEL D. GROSS. 1884.

The earth is a point not only in respect of the heavens above us, but of that heavenly and celestial part within us. That mass of flesh that circumscribes me limits not my mind. That surface that tells the heavens it hath an end can not pursuade me I have any.—*Sir Thomas Browne.*

In Philadelphia, on the 6th inst., the great surgeon breathed his last. The determining cause and circumstances of his death have, at this writing, not transpired; but the fact that he was about entering his eightieth year is enough to show that he could not long have lingered with us, since the measure of his mortal life had been filled well nigh to the brim.

It is needless here to attempt any review of his long and eventful career, since his name has been for half a century a household word, and his writings are in the library of every reading physician. With the record of a life of unceasing labor marked by achievements which shall last so long as medicine shall endure; with every duty done and every trust fulfilled; with a place in the heart of every man who loves the human race and the healing art, and crowned by the highest honors which science could bestow, he stood like a full shock of corn ready for the garner. He is gathered to his fathers.

There is no sadness in such a death, for though his bodily presence shall be no more with us, that which in him was deathless still abides. We can not mourn, for the glory of so sublime a life must lift all shadow of sorrow from our hearts, and light up even the darkness of the tomb.

THE OLD AND THE NEW ALCHEMIST.

The chief of the two aims of alchemy—which led its mystic votaries to a most careful study of the material world, through which substances and laws were brought to light which afterward served for the unfolding of modern chemistry—furnished a poetical figure for the epitaph of Sir Thomas Browne.

In 1840, while some workmen were digging a vault in the chancel of St. Peter's they found a coffin bearing a Latin inscription which, rendered into English by Mr. Firth, of Norwich, reads thus:

> The very distinguished man, Sir Thomas Browne, Knight, Doctor of Medicine, aged seventy-seven, who died on the 19th of October, in the year of our Lord 1682, sleeping in this coffin of lead, by the dust of his alchemic body transmutes it into a coffer of gold.

It is possible that the ecclesiastic in charge of St. Peter's had a suspicion that the inscription might stand for truth as well as poetry, for the coffin was opened and the skull was carried away by relic hunters to become one of the ornaments of a museum. It is not stated whether the coffin was sold for old lead, the prophecy of the inscription being thereby given a material fulfillment under the magic touch of some nineteenth-century alchemist. For truly, though the methods are changed, the spirit of the old alchemist is with us to-day, and the endeavor to turn all things into gold is pushed most vigorously, with results which the most enthusiastic of the ancient brotherhood never fancied even in his wildest dreams.

In a recent number of Puck is a picture which puts in striking contrast the old and new methods for making this aim an at-

tainment. On one side is the ancient alchemist, toiling vainly in rags and wretchedness among his crucibles and alembics to turn baser things into gold. On the other hand is the modern chemist, sitting surrounded by piles of money while he triumphantly deals out to the traders recipes for the manufacture of oleomargarine, glucose, and the ways and means by which foods may be adulterated to the profit of the dealer and the prejudice of the consumer.

This picture can hardly be said to do justice to the modern chemist, who at best is a hard worked and moderately paid man, while many of the scientific workers, whose labors have made and are making millions for the manufacturer, died poor, having pursued their favorite calling only for the sake of "finding out some new thing."

It is true that to-day no discovery in science escapes the scrutiny of those who make haste to be rich. Much goes to the aid of healthy commercial enterprise and thus attests the claims of science to rank as a prime factor in human progress; but it is also true that resources which would make a Utopia of this continent if devoted to means of civil improvement, and talents which would push science immeasurably beyond her present mark of advancement if devoted to a praiseworthy search after truth, are to-day prostituted to the base uses of food fabrication and adulteration at the mandate of mammon. This can not, however, be held up to the discredit of the reputable chemist, who, though unable to keep some of the results of his labors from being put to base uses, is ever employing the resources of his art to detect the hidden adulterant and to make known to the people simple ways and means by which they may be able to tell the bogus from the genuine article of food. Aside from the patient and painstaking endeavor to find out the secrets of nature, no large portion of the spirit of the old alchemist has descended upon the modern chemist. It is the commercial man who inherits this old mania for turning every thing into gold; and if the other great aim of his ancient prototype were as carefully sought for, the hygienist would soon realize his fondest hopes.

For the alchemist, while seeking a reagent that might be made to turn all substances into gold, with most logical fitness strove none the less to find an elixir of life which would forestall decrepitude and shield him against the shafts of death, so that, gaining his heart's desire in gold, he might live in the perpetual enjoyment of wealth, health, and ever-renewed youth. His modern representative thinks only of the gold; gets rich at the expense of health, disregarding its laws, or rendering them inoperative through dissipation, and arriving, unattended by happiness or contentment, at a premature or miserable old age, takes out his spite against fate by abusing the medical profession or influencing legislation against hygienic reform, while he falls back upon the patent-medicine man and awaits the ministrations of the inevitable undertaker in a spirit which is the opposite of philosophic calm.

"TRICKS THAT ARE VAIN."

The Maryland Medical Journal of April 26th publishes the following, "℞ Tgnu cniz Xo ℥j," as a sample of some of the devices by which an unprincipled physician may think to seal his prescriptions to all but the knowing eye of his special druggist, between whom and himself there is doubtless an agreement to share profits at the patient's expense. The name and address of the druggist were printed in large and distinct letters at the top of the paper and the figures representing the number and date were very plainly written. This prescription was taken to another pharmacist, whose knowledge of cabalistic signs enabled him to see the dodge, and an ounce of oxide-of-zinc ointment was promptly dispensed to the unsuspecting customer.

To the credit of the two professions be it said, that instances of collusion between physicians and druggists for ulterior pur-

poses are very rare, and when brought to light it is seldom that the parties interested have not tried to cover their tracks by some device which at least is no discredit to their intelligence. It would not be remarkable, if among the 87,000 physicians practicing in the United States a fair percentage of knaves should be found; but the pursuit of science and daily ministrations to the sick are ennobling and tend to raise the dignity and moral tone of men whose standing may have been doubtful before they essayed the sacred calling. The great body of the profession is made up of gentlemen who are devoted to humanity and the truth, and while a few do stand upon ground not included in this survey, and may now and then do violence to the code upon a larger scale, it is rare indeed to find even among these a man who would resort to a trick like the one above given for the purpose of turning a penny at his patient's expense.

EPIDEMIC TYPHUS AND TYPHOID.

The Medical Press of April 16th says that a severe epidemic of typhus and typhoid is prevailing at Geneva, one third the entire mortality for the week ending April 12th being due to this cause.

In view of this state of affairs, a report of the sanitary surroundings of the place would be interesting.

It would seem, if due care were exercised in the matter of water-supply, that mountain towns would be free from diseases of this character. But it is not improbable that the inhabitants of Geneva drink water either from the lake which receives their sewage or from wells which draw water by subterranean passages from the lake.

The mountain lakes, being usually very deep, are but partially drained by the streams which take their rise in them; those lakes which have large cities situated upon their banks may therefore be the receivers, conservators, and distributors of disease germs, and in time may come to be even more doubtful sources of water-supply than the rivers which carry off the filth of our great cities.

In consequence of conditions above named, the fish of the Swiss lakes have become infected with the larvæ of tapeworm (Bothriocephalus latus), which they pay back to the inhabitants with compound interest. May not the fever be the legitimate outcome of the same or similar sanitary surroundings?

We trust that this guess will soon be confirmed or set aside by some mountain sanitarian.

Bibliography.

In Memoriam. A Biographical Sketch of Prof. J. Lawrence Smith. By J. B. MARVIN, M.D. Louisville, Ky: John P. Morton & Co.

This sketch was prepared for the American Academy of Arts and Sciences, a few copies only being printed for private distribution.

The author, who was on terms of intimacy with the great chemist during the latter years of his life, presents briefly but faithfully the leading events of his career in science, while at the same time he brings to view some striking features of the character of Dr. Smith which could be known only to his personal friends.

The following paragraphs will serve to illustrate this part of the biographer's work:

For two or three years Prof. Smith had been in declining health from a chronic affection of the liver; he was seldom confined to his house. On the first of August, 1883, a severe attack of his disease compelled him to go to bed. After an illness of more than two months, characterized by the most patient, uncomplaining endurance, he peacefully and painlessly passed away, Friday, October 12, 1883, at three P. M. In accordance with his request, no eulogy was pronounced, but with a simple burial service his body was placed in the "City of the Dead."

Prof. Smith was of imposing presence and great dignity, strong, manly, self-reliant, pure-hearted, withal one of the most modest, unostentatious of men; a simple, genial Christian gentleman. To those who knew him, or ever felt the charm of his presence, he was scarcely less endeared by his genial virtues than admired for his great powers. In him were united great talents and profound knowledge, with such graces of character as modest unselfishness and the most spotless integrity. His hospitality was unbounded; his love for children great; his courtesy and gallantry to ladies partook of the chivalry of former ages. He was

most generous with his apparatus, and any one manifesting an interest in science was sure of help and encouragement from him. For many years he was a consistent member of the Walnut-Street Baptist Church. He was active in every benevolent and charitable work. His charity knew no sect nor creed, but his ear and purse were open to all real suffering. He founded and largely endowed the Baptists' Orphan Home of Louisville, thereby erecting a monument more noble and enduring than marble or brass.

Prof. Smith said, "Life has been very sweet to me. It comforts me. How I pity those to whom memory brings no pleasure!" He had "set his house in order," saying he knew it would be but a short time before Death would claim him; but he was ready to go at any hour or day. He leaves the memory of a pure life and a heart full of "exercised humanity."

Medical Education and the Regulation of the Practice of Medicine in the United States and Canada. Prepared by the Illinois State Board of Health, and published by permission of the Board. Revised and corrected to March 1, 1884. Chicago: W. F. Keener. 1884.

This is another of the many excellent documents which have issued from this very efficient Board during the current year. The volume gives a brief description of every active recognized medical school in the United States and Canada, with a list of defunct and unrecognized institutions.

The laws of the various States and provinces so far as they touch medical education are here reprinted, and no item of intelligence is neglected which can in any way serve to enlighten the student upon this topic.

According to the statistical showing of this volume, there are in the United States, 91 medical colleges of the Regular School, 13 Homeopathic, 14 Eclectic, 2 Physico-Medical, and 3 miscellaneous—total, 123. Eighty-nine schools are registered as extinct, among which sixteen were fraudulent.

The population of the United States is set down at 50,291,939, the number of physicians at 86,923, giving an average of one doctor to every 578 of the inhabitants. The number of students in attendance at the various medical schools during the session of 1882–3 was 11,995, or one to every 4,265 of the population. From these figures it would not seem that the country is overstocked with medical men, nor is it apparent that in view of the large number of deaths among physicians, the many retiring yearly, and the number of graduates who never practice, that the schools are making doctors any faster than they are likely to be needed.

Hand-book of Eclampsia, or Notes and Cases of Puerperal Convulsions. By E. MICHENER, M., D., J. H. STUBBS, M.D., B. THOMPSON, M.D., R. B. EWING, M.D., and S. STEBBINS, M.D. Philadelphia: F. A. Davis, Att'y. 1883.

As may be seen by the title this work is the result of the investigations of five physicians. It presents all the cases of puerperal eclampsia which have occurred during the present century within a radius of several miles around Avondale, Chester County, Pennsylvania.

The number of cases reported is forty-four. We give the *résumé* of the authors as an item well worthy of attention: "30 were primipara, 14 were multipara. Of these, 13 women died—9 primipara, 4 multipara; 20 children perished—12 primipara, 8 multipara. In 11 eclampsia occurred before labor, in 23 during labor, in 10 after delivery. In 10 the labor was gently assisted by forceps, etc.; 1 died. In 11 the delivery was forced; 5 died. It may be stated here that cases 12 and 13, cases 28 and 29, cases 22, 35, and 44 occurred respectively in the same woman, while Nos. 27 and 30 both died of eclampsia afterward outside of our district. Thus, five women afforded eleven cases of eclampsia, four of whom died of the last attack."

The work is brief, scientific, practical, and of course useful. No physician can fail to profit by its perusal. We hope that the good example set by the authors may be followed by physicians in other localities, and that results may follow which shall make to the credit of science by reducing in marked degree one of the greatest perils of childbirth.

Transactions of the American Surgical Association. Volume I. Edited by J. EWING MEARS, M.D., Recorder of the Association. Philadelphia: Printed for the Association, and for sale by P. Blakiston, Son & Co. 1883.

As was expected from the character of its members, and what we have already heard of the doings of the Association, the first volume of the Transactions is a credit to the profession and a valuable contribution to science.

The book is an octavo of 568 pages, and is executed in the best style of the printing art. Besides a list of the officers and fellows of the Association, and several addresses by its late venerable president, delivered at the meetings of 1882 and 1883, the volume contains thirty-two papers, with the discussions which these called forth from

the fellows. Some of these papers, those of Drs. Senn and Cabell for instance, are quite elaborate, each being sufficiently comprehensive to form in itself a treatise upon the subject at hand, while others are devoted simply to the reports of cases with comments, the description of a new operation or the bringing forward of some new surgical appliances. Whatever the subject, the work of getting it before the profession has been carefully attended to, and a most readable and instructive book has been added to surgical literature. The editor has done his work exceptionally well, and it is to be hoped that many more volumes of the Transactions will see the light under his critical eye and careful hand.

Peroxide of Hydrogen in Suppurative Conjunctivitis and Mastoid Abscesses. With a Report of Two Cases. By A. E. Prince, M.D. Reprint.

Public Health. Advanced reprint from the Annual Report of the Indiana State Board of Health. By H. V. Sweringen, A.M., M.D., Fort Wayne, Ind.

Congenital Lipoma. By A. Jacobi, M.D., Clinical Professor of Diseases of Children, College of Physicians and Surgeons, New York. Reprint. Jersey City, 319 York Street.

The New Century and the New Building of the Harvard Medical School, 1783–1883. Addresses and exercises at the one hundredth anniversary of the foundation of the Medical School of Harvard University, October 17, 1883. Cambridge: John Wilson & Son, University Press. 1884.

Traite de L'Affection Calculeuse Du Foie. Par le Docteur Jules Cyr, Medecin Inspecteur adjoint a Vichy. Paris: V. Delahaye et Lecrosnier, Editeurs, Place de l'Ecole de Medicine. 1884.

Medical Societies.

PHILADELPHIA CLINICAL SOCIETY.*

Stated meeting March 24, 1884. The President, Dr. Henry Beates, jr., in the chair. Dr. Jos. S. Gibb read a paper on

Umbilical Hemorrhage. In the preliminary remarks the author said that, with the exception of those of Simpson, Condie, and more particularly Dr. Bedford, of New York, the standard obstetrical works of the day omit the mention of this affection. The rarity of the accident may be proved by reference to the records of the maternity hospitals and the foundling asylums, as well as by the experience of the older members of the profession. The author presented a collection of two hundred and forty-one cases, which represents the record of cases which have been published since 1752.

The author's case was a female child. Hemorrhage began on third day after birth. No single bleeding point was observed; the hemorrhage was simply a continuous oozing from the bottom of the umbilical depression. Several ligatures were applied directly to cord, and then the ligature *en masse*, but these failing to control the hemorrhage, a solution of the sub-sulphate of iron was painted over umbilicus, and a pledget of cotton saturated with the same solution was bound fast over umbilicus with the desired effect. The child was much weakened by the bleeding, but soon rallied after it stopped. When last seen, one month after the accident, was in good health. It was simply a spontaneous umbilical hemorrhage, without premonitory or accompanying symptoms.

Three divisions of the subject may be made: (1) Hemorrhage from improper ligation of the cord; (2) hemorrhage the result of traumatism; (3) spontaneous hemorrhage.

Of the first two but little was said, the cause and remedy being apparent. The third variety formed the real subject of the paper. He does not believe that colicky pains, jaundice, or any of the so-called premonitory symptoms can be relied on, since they may occur in otherwise healthy infants, or precede other affections. He laid stress on the fact that a hemorrhagic diathesis existing in either parent must be a very predisposing cause which should make us watchful. He regarded the subjects of umbilical hemorrhage as those suffering from a general disease, and hemorrhage the first symptom of this disease. This symptom may occur at any time, from a few hours to eight weeks after birth.

The next most important symptom is jaundice. Both of these symptoms occur in an equal number of cases.

As regarded the etiology, the author believed there is a direct relationship between the hemorrhage and some constitutional condition of the infant; which condition may

*Reported by G. Betton Massey, M.D., Secretary.

be either hereditary or congenital. Though the hemorrhagic diathesis may be given the first place in the list of causes, it is not absolutely necessary that this condition should exist in the parent in order that it shall be established in the offspring. In some children it may be congenital.

Attention was drawn to the hemorrhagic symptoms in these cases, viz., hemorrhage from bowels, gums, and penis, as proof of this peculiar condition being a strong etiological factor. Jaundice was mentioned as forming the favorite ground of most writers on the subject as a causation of umbilical hemorrhage, but the theories on which this is based were not substantiated by post-mortem examinations. In but few of the recorded cases was there any indication of a syphilitic or scrofulous taint. Various other minor causative influences were noted, viz., excessive use of alkalies by pregnant women, insufficient food, etc.

In conclusion it was admitted that in the present crude state of our knowledge of umbilical hemorrhage we are obliged to admit several etiological factors.

In an analysis of the reported cases there is found to be a strong predisposition on the part of the male to the occurrence of this accident. In one hundred and fifteen cases collected where the sex is mentioned, sixty-seven per cent were males.

The morbid anatomy of the subject is very incomplete, being made up of statistics as to the patency or non-patency of the fetal openings and vessels, the condition of the liver and the character of the blood, from all of which no satisfactory conclusions can be drawn.

The prognosis of umbilical hemorrhage was stated as excessively grave. A mortality of eighty-three per cent is in two hundred and thirty cases. The fatal termination may occur at any period from one hour to eighth week from commencement of bleeding. In ninety-four cases, where the time of death has been stated, forty-seven, or fifty per cent occurred within first forty-eight hours; twenty-five in the first and twenty-two in the second twenty-four hours.

The success of therapeutical measures, the author believed, lies in a proper appreciation of the nature and causes of the disease, and until this is accurately determined umbilical hemorrhage will continue to resist all well-meant therapeutical resources.

In the present state of our knowledge, the author believes that that treatment will be the most successful which consists of local styptics, ligature, etc., combined with such internal hemostatics and tonics as experience has proven of value in kindred hemorrhagic affections of adults.

Dr. Albert H. Smith, in opening the discussion, said: I have seen two cases of the kind referred to by the reader of the paper. The first occurred at the end of twenty-four hours after birth, in a healthy child. On attention being called to it, the ligature was found loose; this was reapplied carefully. On the following morning the nurse again discovered hemorrhage, and the child died before I could reach the house. This was not a case of neglect or traumatism. The other instance occurred also in a perfectly healthy child, forty-eight hours old. The cord was ligated by myself, but I soon found hemorrhage occurring freely from the tissue around cord; a large compress of absorbent cotton was applied by means of Seabury & Johnston's plaster, and a teaspoonful of magnesia given internally. The child was saved. In these two cases there were no hereditary tendencies to this form of trouble; no jaundice; no purpura hemorrhagica in either the mothers or the infants themselves. We have not, so far, reached any reasonable theory of its etiology. Jaundice seems a coincidence. Great stress has been laid on hemophylia, but my experience does not bear it out. In a family under my care four out of five died of hemorrhage, but none showed any tendency to umbilical hemorrhage. In the autopsies of fatal cases no uniform nor persistent conditions have been found. My cases are somewhat remarkable, from the fact that recoveries are rare.

In the treatment, we could hardly expect a compress to do much, yet I think this application the best that can be made. A laxative would contribute to lessen blood pressure and act as a revulsive.

I would suggest that hemorrhage from non-application of a ligature would rarely occur in health, if we are to judge by the fact that in Germany they seldom tie the cord. Difficulty may certainly arise from too early ligation. My practice is not to ligate until the cut extremity has ceased bleeding.

Dr. Chas. K. Mills: I have had one very interesting case of umbilical hemorrhage, which recovered. The subject was the fourth child of perfectly healthy parents, the other three children being healthy. There was no trouble until the third day

after birth, when an oozing was found at umbilicus, and the child vomited blood; the cord was examined and found not bleeding at the extremity; subsequently styptics were applied without result. The hematemesis occurred on three occasions during the following twenty-four hours of occasional hemorrhage. The bleeding was finally controlled by transfixion with needles, and a half drop of arom. sulph. acid administered every two hours. The child recovered and is now perfectly healthy.

Dr. Hannah T. Croasdale: I have had the opportunity of seeing but two cases of umbilical hemorrhage. The first was from shrinkage of the cord and great amount of gelatinous material; after the ligature was closely reapplied the bleeding began again from the cut extremity. I then applied Pean's hemostatic forceps and left them in position twenty hours. In the other case the hemorrhage was controlled by tightening the ligature.

Dr. Mary Willits: To the cases mentioned I would add one seen by myself in hospital. The child was a week or ten days old. After considerable hemorrhage the bleeding was successfully checked by styptics and a compress.

Dr. Henry Beates, jr.: In connection with the hematemesis noticed by Dr. Mills, a case seen by myself showed at the autopsy gangrene of the ilium. There was also sloughing at the extremity of the cord.

Dr. Jos. S. Gibb: I am grateful to the members for the relation of their experience with this troublesome affection. The relation of the hemorrhagic diathesis to it is yet a question. There seems, however, to be two things intimately connected with it—the hemorrhagic diathesis and jaundice. The case reported by Dr. Mills would rather support the former theory. It is evident that loosening the ligature would be a dangerous experiment in some of these cases.

Dr. Collins exhibited a bullet that had been removed from the anterior nares of a man. It had remained imbedded in the turbinated bones since 1865. An opening in nasal septum remains, produced at the time of reception of wound.

Dr. Daniel Longaker reported a case of *Sudden Death in Diphtheria.* The patient, Mary F., aged six years, was seen first on the afternoon of the second day of the disease. Her temperature was 104.25° and the general symptoms were of a decidedly adynamic type. She complained of pain and difficulty in deglutition, and a nasal tone of the voice was noticed. On inspection of the throat congestion and swelling were evident, and a small patch of false membrane was found on the right tonsil. The local trouble continued to grow worse until the fourth day, and was associated with a diminished secretion of urine, in which albumen was found to be present. The membrane was detached on the sixth day, and by the tenth convalescence was established.

On the thirteenth day she was seen for the last time. Her pulse was a little accelerated in frequency and still weak. Her appetite was good, and she was sitting up and going down stairs. Two days later, the fifteenth of the disease, after rising in the morning and feeling quite well, she suddenly fell from the chair from which she was attempting to rise, and expired.

Correspondence.

LOUISIANA STATE BOARD OF HEALTH.

Editor Louisville Medical News:

Dear Sir: I have the honor to inform you that this Board has been reorganized by the election of several new members, and the selection of Joseph Holt, M. D., to be its President. The Board now consists of Joseph Holt, M. D., J. C. Faget, M. D., L. H. Von Gohren, M. D., L. F. Salomon, M. D., S. R. Olliphant, M. D., Charles E. Kells, D.D.S., Walter M. Smallwood, Esq., Joseph A. Shakespeare, Esq., and F. Formento, M. D. (resigned).

The following resolutions, unanimously adopted at the first meeting of the new Board, April 12, 1884, are commended to your consideration as expressing the policy of the new Board, and the plans it will pursue in endeavoring to prevent the introduction of contagious or infectious diseases into this port:

Fully recognizing the wisdom of the quarantine laws of this State, the necessity of their rigid enforcement, and the great importance of securing for this Board the confidence of the people throughout the valley of the Mississippi,

Resolved, That it is the fixed and irrevocable purpose of this Board to apply quarantine restrictions against all ports where contagious or infectious diseases exist to the limit of the law, and, if necessary, it will advise the total suspension of all communications with such ports while so infected.

Resolved, That while we are guarding with sleepless vigilance the outlets of the Mississippi River, we are not unmindful of the dangers that threaten us from the rear. In more than one

instance yellow fever has been introduced into this city and State through the States of Texas and Mississippi. All things considered, the least protected sections are the long lines of seacoast westward in Texas, and eastward in the States of Mississippi, Alabama, and Florida. The approaches from without to this State are through Lake Borgne, the Mississippi River, and Berwick's Bay; these we will guard with sleepless vigilance, and while we are doing that we call upon the authorities of the States of Texas, Mississippi, Alabama, and Florida to exercise a like effective control over the seacoast in those States.

Resolved, That while this Board will maintain its just prerogatives as a department of the State Government, it invokes the co-operation and confidence of any and all organizations at home and abroad that may be laboring to promote or protect the public health.

Resolved, That, recognizing the great importance of securing the co-operation of the Boards of Health of other States, and of other health associations wherever situated, and of establishing a condition of absolute confidence, it is hereby made the duty of the President and other officers of this Board to extend to Boards of Health of other States, and other health associations, unrestricted access to the records and health reports of this Board, as well at the several quarantine stations as at the central office of this Board in New Orleans; and it is hereby further made the duty of the President of this Board to make public from day to day, as may be necessary, the condition of the public health, and he is hereby specially required, in the event yellow fever should be introduced into this city or State, to communicate such fact without delay to the exchanges and commercial bodies in New Orleans, and to the Boards of Health of other cities and States.

Resolved, That the co-operation of the several exchanges and commercial bodies of this city is earnestly solicited in the sanitary work of this Board, and in the proper, intelligent, and effective application of the sanitary and quarantine laws of this State.

Resolved, That while tendering to other boards and health associations generally, at home and abroad, the courtesies and confidence of this State Board of Health, we solicit the like consideration of the Boards of Health and health associations of other States, to the end that confidence may not only be reciprocal, but established on a firm and enduring basis.

Resolved, That having thus declared our purposes and the policy of this Board, it is expected that no credence will be given, at home or abroad, to any report respecting the state of the public health in this city or State, that is not sanctioned or verified by the action of this Board, or of its duly appointed officers.

By order of the Board.

S. S. HERRICK, M. D.

NEW ORLEANS, April 16, 1884. *Secretary.*

AN ANATOMICAL CURIOSITY.

Editor Louisville Medical News:

There recently appeared in the dissecting-room of the Medical Department of the University of Louisville a white adult female subject whose external genitals presented the appearance of what is popularly called a "hermaphrodite."

The peculiarity consisted in an enormously enlarged clitoris, it being two and one half inches in length and about the size of a man's thumb. Three fourths of its length was covered by very delicate skin, but at the distal extremity there was an acorn-shaped body about the size and very much resembling the glans penis, which was covered by mucous membrane. There was a shallow groove somewhat like the corona glandis extending around the organ between the cutaneous and mucous membrane, thus giving it very much the appearance of a circumcised penis. If this organ possessed erectile power, which perhaps it did under venereal excitement, it would doubtless have been somewhat longer and larger, and certainly at first glance, under such circumstances, it would have been mistaken for a male organ.

The labia and vagina presented no unusual appearance, and the mammary glands were well developed. The trunk and limbs were slender, and the hands and feet were quite small; in short the general appearance of the individual was decidedly feminine in every particular excepting the peculiarity described above. We know nothing of the history of the subject while living, but from the appearance of the skin over the abdomen she had evidently borne children.

R. B. GILBERT, M.D.,

Demon. Anat. Univ. Lou., Med. Dept.

LOUISVILLE, KY., April 23, 1884.

Selections.

A CASE OF ERYSIPELAS COMPLICATING PREGNANCY.—The question of the relationship between erysipelas and puerperal fever has always been an interesting one, and the case reported by Dr. William L. Wardwell, in the April number of the American Journal of the Medical Sciences, in which erysipelas produced abortion, will be read with interest. Dr. Wardwell has carefully studied the literature of the subject, and has been able to find but twenty-five similar cases reported, thus showing that the coincidence of pregnancy and erysipelas must be a rare one. From a review of these cases he finds that,

(1) Erysipelas may attack a pregnant woman at any period of pregnancy, espe-

cially during its later stages. (2) The erysipelas is most often sporadic. (3) The situation of the erysipelas may be on any portion of the body, usually upon the face. (4) The variety of the erysipelas may be either cutaneous or phlegmonous, usually the former. (5) Premature labor takes place almost invariably, and usually within forty-eight hours after the initial chill. (6) The tendency of such cases is to recover without uterine inflammation. (7) It is impossible to base a prognosis upon either the position or the variety of the erysipelas.

SCARLATINA PUERPERALIS.—The term scarlatina puerperalis was originally applied to a form of puerperal fever believed to be modified and intensified by infection with the scarlatinal poison, and which was frequently confounded with an occasional puerperal affection very closely resembling scarlet fever. Hence two distinct opinions have been advanced: One that it was a puerperal fever allied to pyemic or septic conditions to which the scarlatinous poison added virulence, and which would produce in a susceptible person scarlet fever pure and simple. The latter opinion is that it is nothing more than scarlet fever attacking a lying-in woman and modified by the puerperal state, but in no manner connected with or caused by pyemia or septicemia. Each of these theories is maintained by authors of equal repute at the present time, and some claim the occasional occurrence of both forms of an acute puerperal disease characterized by the scarlatinous eruption and angina. In support of this latter theory, and as a contribution to the study of this rare complication of the puerperium, Dr. S. C. Busey presents an interesting report of a case, the second of the kind which he has seen, in the April number of the American Journal of the Medical Sciences.

REPLANTATION.—Mr. Cunningham, of Cambridge, showed a patient for whom he had performed replantation. The tooth, an upper central incisor, had been knocked out during a game of football, but the patient did not present himself until five hours after the accident. The alveolus was much lacerated, and the tooth very dirty; it was carefully cleansed, the pulp removed, and the nerve canal filled. It was then replaced and secured with silk ligatures. At the end of three weeks it had become quite firm, and was not to be distinguished from its neighbors.

Mr. Ackery mentioned the case of a girl who applied to him on account of persistent hemorrhage following the extraction of a molar tooth sixty-two hours before. She brought the tooth with her, and Mr. Ackery, thinking it would make a capital plug, replaced it in its socket without removing the pulp or treating the canals. The bleeding was at once arrested, and when the patient came again a week later, the tooth was quite firm. She stated that there had been a little tenderness for a day or two, but this soon subsided, and the tooth had given her no pain since, so it was allowed to remain.—*Medical Times.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, April 27, 1884, to May 3, 1884.

Changes in Stations of Medical Officers. (Par. 2, S.O. 101, A.G.O., May 1, 1884.) *Heger, Anthony*, Major and Surgeon, from Dept. of Texas to Dept. of the East. *Happersett, J. C. G.*, Major and Surgeon, from Dept. of Texas to Dept. of the East. *Bentley, Edwin*, Major and Surgeon, from Dept. of the East to Dept. of Texas. *Middleton, Passmore*, Captain and Assistant Surgeon, from Dept. of Texas to Dept. of Missouri. *Koerper, E. A.*, Captain and Assistant Surgeon, from Dept. of the East to Dept. of Dakota. *Dickson, J. M.*, Captain and Assistant Surgeon, from Dept. of the East to Dept. of California. *Girard, A. C.*, Captain and Assistant Surgeon, from Dept. of Dakota to Dept. of Missouri. *Girard, J. B.*, Captain and Assistant Surgeon, from Dept. of Arizona to Dept. of the East. *Hall, J. D.*, Captain and Assistant Surgeon, from Dept. of Dakota to Dept. of the Columbia. *Hall, Wm. R.*, Captain and Assistant Surgeon, from the Dept. of Missouri to Dept. of Texas. *Cunningham, T. A.*, Captain and Assistant Surgeon, from Dept. of the East to Dept. of Missouri. *McCreery, George*, First Lieutenant and Assistant Surgeon, from Dept. of Arizona to Dept. of Dakota. *Cochran, J. J.*, First Lieutenant and Assistant Surgeon, from Dept. of Missouri to Dept. of Arizona.

Shufeldt, Robert W., Captain and Assistant Surgeon, relieved from temporary duty in Surgeon-Genl's office, and ordered to report to Lt.-Col. Basil Norris, Surgeon U. S. A., attending Surgeon, Washington, D. C., for temporary duty in his office. (Par. 6, S.O. 100, A.G.O., April 30, 1884.) *Barrows, C. C.*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort Grant, A. T., and ordered to report for duty at Whipple Barracks, A. T., relieving First Lieutenant W. E. Hopkins, Assistant Surgeon, who, upon being relieved will report for duty as Post Surgeon at Fort Grant, A. T. (Par. 1, S. O. 31, Hdqrs. Dept. of Arizona, April 21, 1884.) *Phillips, John L.*, First Lieutenant and Assistant Surgeon (Fort Warren, Mass.), ordered to report for temporary duty to the commanding officer at Fort Preble, Me. (Par. 1, S.O. 81, Hdqrs. Dept. of the East, April 28, 1884.) *Cuyler, John W.*, Colonel and Surgeon, retired, died at Morristown, N. J., April 26, 1884.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 17, 1884.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

The thirty-fifth annual meeting of this Association was held at Washington, May 6, 7, 8, and 9, 1884. (From the Medical News report.) The Association was called to order in general session by A. Y. P. Garnett, M. D., of Washington, Chairman of the Committee of Arrangements, who, after a prayer, delivered an address of welcome. Letters were reported from A. Pearce Gould, F. R. C. S., and other distinguished medical men of Europe to whom invitations to attend the meeting of the American Medical Association had been sent.

The President, Dr. Austin Flint, then delivered the annual address.

Dr. J. M. Toner, of Washington, moved a vote of thanks to the President, and offered the following resolution concerning Dr. S. D. Gross, which was unanimously adopted:

Whereas, It has come to the knowledge of this Association that one of its former Presidents, and a surgeon of world-wide reputation, is confined to his room by illness, therefore, be it

Resolved, That the American Medical Association expresses to Dr. S. D. Gross its heartfelt sympathy in his illness, and the sincere wish for his speedy recovery and preservation for many years, to the enlargement of the world-wide reputation and justly merited honors to which he has attained.

On motion, the above resolution was telegraphed to Dr. Gross.

Dr. Richardson, of Georgia, stated that he had just left the bedside of the very ill and honored ex-President of the Association, and that when he asked him for any message that he might desire to send, the reply of Dr. Gross was, in a feeble voice, "Give them my love!"

SECTION ON PRACTICAL MEDICINE.

(Dr. J. V. Shoemaker, of Pennsylvania, Chairman.) Dr. E. G. Janeway, of New York, read a paper on

THE DANGER OF RELYING TOO MUCH UPON SO-CALLED PATHOGNOMONIC SIGNS OF DISEASE.

It is often a very brilliant thing, he said, to make a snap diagnosis, but it is not safe to do so; for many so-called pathognomonic signs of special diseases are found, on closer inspection, not to be so in reality. For instance, optic neuritis, conjoined with headache, used to be considered as a pathognomonic sign of cerebral tumor. This is not so. We know that it only means that there is some increased pressure in the brain. You must also eliminate Bright's disease of the kidneys. Volitional tremor is thought by some to be very characteristic of multiple sclerosis, but a similar condition is observed in patients who are under the influence of metallic poisons, such as mercury, and also in those who have partaken freely of alcoholic stimulants. We often find considerable difficulty in cases of coma, in endeavoring to decide whether it is of hemorrhagic or uremic origin. The variations in the temperature of the body are here a valuable help in our investigation; but they are not sufficiently certain to found a positive conclusion upon. The existence of heart murmur, or the absence of it, does not positively settle the point as to whether there is an embolus in the brain or a hemorrhage; and albumen in the urine is often associated with these lesions. The author went on to consider the so-called pathognomonic signs of other diseases—referring to heart and chest disease. It is not wise to rely too much upon these signs, but to take the whole bearing of the case in making the diagnosis.

Dr. Frank Donaldson, of Baltimore, in opening the discussion, spoke of cardiac murmurs. He had known of cases in which the autopsy showed marked stenosis of the mitral orifice, which had presented no murmur during life.

Dr. Janeway said that in some cases of pleurisy of slight grade bronchial breathing is not present, and he had seen people much misled by it. In regard to mitral stenosis he thought that it could sometimes be detected by a long first sound with a slightly blubbering character, even when there was no murmur.

Dr. Austin Flint, of New York, then read a paper on

THE CLINICAL STUDY OF HEART SOUNDS.

This field of research is, he said, a comparatively uncultivated one. In 1858 he read a paper on this subject before the American Medical Association in Washington. This paper which he was now reading he designed to be supplementary to the former one. The views he then expressed, as to the value of the study of heart *sounds* as op-

posed to *murmurs* (or adventitious sounds added on to or replacing the normal sounds) he still holds. Cardiac murmurs are very important, and they are being carefully studied, but the sounds are too much neglected.

He considered the ordinary division of cardiac sounds into two kinds, the first, or systolic, the second, or diastolic, to be very incomplete. He thought the proper classification would be to say there are five sounds, two of which are diastolic and three systolic.

The diastolic are (1) the aortic and (2) the pulmonary, heard in the right and left second intercostal spaces respectively. The systolic are (1) the mitral, (2) the tricuspid, and (3) the sound caused by the propulsion of the heart against the chest walls, which he would call the impulsion.

This last is heard best at the apex, and determines the length and intensity of the first sound of the heart, and gives the booming character that is heard with this sound. The impulsion sound is heard over only a limited area. The best place to hear the mitral sound proper is in the fourth intercostal space, far enough to the left to eliminate the sound caused by the impulsion. Here the sound is of a purely valvular character. The tricuspid sound is heard at the base of the xiphoid cartilage. Its maximum also is found where the effect of the impulsion of the heart can be eliminated.

Changes in the aortic sound. Incompetency of these valves gives rise to a diastolic murmur. But this murmur furnishes evidence of nothing more than the simple fact that there is an incompetency. Of the extent of the incompetency it furnishes no index whatever. This information must be obtained by the strength or weakness of the aortic sound which is heard along with the murmur, as compared with that of the semilunar valves on the right side, provided these be under normal conditions, or, better still, by noting the character of the impulsive sound of the left ventricle. If this be much interfered with, it is a sign of marked overfilling of the left ventricle, and of a considerable degree of insufficiency.

The aortic sound may be diminished also by the lessened quantity of blood sent into it by the left ventricle, as in cases of mitral disease. It may be increased in one of two ways: by the increased force of the systole of the heart, or by increased pressure in the systemic arteries, as, for example, in contracted kidney. This last cause, which is so much dwelt upon by many authorities as to be taken as almost pathognomonic of contracted kidney, Prof. Flint looked upon as being very doubtful. In some experiments undertaken by Dr. C. F. Roy, in which he abruptly cut off a considerable part of the general circulation by tying a main artery leading to the part, there was hardly the slightest effect produced on the aortic sound. As a matter of clinical experience, he knew that this state of the aortic sound did exist without the disease in the kidney, and *vice versa*.

Changes in the pulmonary sound. This may be increased or diminished. Skoda pointed out the increase in the sound that is noted when the right ventricle is hypertrophied. Besides this, the sound is intensified by any thing causing obstruction in the circulation of the blood through the lungs. Increased blood pressure is met with in the pulmonary circulation in various diseases of the lungs, such as pneumonia, capillary bronchitis, emphysema, pleurisy, etc., and the amount of increase in the intensity of the pulmonary sound is a gauge of the amount of obstruction in the lung. When the heart is beating more rapidly than usual, as after exertion or in mental excitement, the pulmonary sound is more increased than the aortic from this same reason.

As to the significance of diminished intensity of the pulmonary sound, Dr. Flint would not say much. It would be present in regurgitation, which, however, is an extremely rare affection. The absence of the sound in aortic trouble is also of little practical moment.

Changes in the mitral sound. Heard at the place recommended by him at the beginning of the paper, the mitral sound is short and valvular. A systolic murmur here denotes simply incompetency of the mitral valve, but gives no information as to the degree. The weakness of the sound heard with the murmur will give a clue to this. The sound will also be weak when there is fatty degeneration or dilatation of the heart. In overfilling of the left ventricle, the excursive movements of the mitral valve are interfered with and are lessened. The tension of the valves during the systole will, under these circumstances, be not sufficient to occasion much sound, for the intensity is in proportion to the excursive movement of the valves. In anemia the sound is intensified. In cases in which there is a presystolic murmur, and the sound is more intense, it shows that the curtains of the valves adhere to one another, leaving a button-hole opening. In these cases the action of the valves is strong, and there may be no systolic murmur.

Impulsion sound. This generally predominates very much in healthy persons. It may be increased, decreased, or lost. As it is an ex-cardial sound, and is not transmitted, it is heard over only a limited area. It has a specially booming character in hypertrophy. It is diminished in fatty degeneration and in softening of the tissues of the heart in fevers, when it serves an important purpose in indicating the need of stimulants, etc. In pericarditis, it is lost during the stage of effusion. In these cases the aortic sound may be louder at the apex than the mitral.

Tricuspid sound. Weakness of this sound is of slight importance. A thrombus in the right ventricle has been known to extinguish the sound altogether. In hypertrophy of the right ventricle it is intensified, and this is a better sign of this condition than the increased intensity of the pulmonary sounds, since that depends so much on the variations in the blood-pressure in the pulmonary artery. Disease of this valve is rare, except as a congenital trouble.

This paper gave rise to an elaborate discussion, in which Drs. F. C. Shattuck, J. C. Wilson, Richard McSherry, Garland, Donaldson, Janeway, J. S. Lynch, and Flint took part.

Dr. Louis A. Duhring, of Philadelphia, then read a paper on

Dermatitis Herpetiformis.

Under this name Dr. Duhring described a most protean form of skin disease which had hitherto

been classed under numerous different names, and had often been left nameless. One form of it had been described by Hebra as impetigo herpetiformis, as a rare and grave disease of which Hebra had had five cases, four of which had died. This, however, was only one form of the disease. In Dr. Duhring's hands the disease, while very intractable, had never ended fatally. He described several varieties, as the pustular, the vesicular, etc. As the disease is so protean in its forms, and certainly herpetic in character, he considered the name he had adopted answered it the best of any. All forms have certain things in common: There are malaise and considerable constitutional disturbance for several days before the appearance of the eruption and intense itching, which continues till the lesions have been ruptured. There is considerable febrile action. The eruption appears mostly over the anterior part of thighs and trunk. It is confined to neither sex, but appears mostly in adult life. It is certainly a systemic disease, and is very intractable and extremely liable to recur.

The next paper was by Dr. James Whittaker, of Ohio, on the

ETIOLOGY OF PERICARDITIS.

This disease is more often overlooked than suspected, and it is often latent, owing to the fact that frequently the local symptoms are slight, and where there is no history of rheumatism it is apt to be overlooked. Rheumatism is the most frequent single cause, but it does not cause the majority of all the cases. Of the frequency of pericarditis, the author quoted statistics showing that about four per cent of autopsies gave evidence of the existence of pericarditis, which is really higher than the proportion of endocarditis; clinically, endocarditis would seem to be more common. Pericarditis should not be classified as primary and secondary, but as mechanical and infectious—the first arises from injuries and from extension of inflammation from contiguous parts, etc; the second, which is the true pericarditis, occurs in diseases dependent upon the existence of a micro-organism. Rheumatism heads the list, then pyemia, septicemia, typhus and typhoid fevers, scarlatina, etc., malignant dysentery, cholera—in short, all diseases that have a mycotic origin. Three cases have been reported as occurring after vaccination. Infantile pericarditis has generally been referred to puerperal disease in the mother having extended to the child. It proves fatal in the first sixteen days of life. Endocarditis is frequently associated with pericarditis. The treatment medicinally should be anti-zymotics, cold, and rest.

Dr. Prentiss's paper on *The Pharmacopeia* was, on account of the sickness of the author, read by title and referred to the Publication Committee.

Dr. G. V. Black, of Illinois, read a paper on the

PRODUCTION OF POISONS BY MICRO-ORGANISMS.

The association of certain germs with many diseases is pretty certain, but how they cause or modify disease is not explained. The author proceeded to show how in all living things—plants and animals—there must be digestion, effected by some fluid secreted by the organism which will act as a solvent; there must be absorption of this material and appropriation of it to the needs of the life, and then the throwing off of the waste material. He said that in all forms of life (except the egg and the seed) excretion was of two kinds—one corresponding to the respiratory excretion, which was rich in oxygen, and one corresponding to urea, which was poor in oxygen. In the yeast-plant there are, for example, the carbonic acid, which is the respiratory excretion, and the alcohol, which corresponds to the urea. In plants the alkaloids, which are deposited in the unused part of the tree, are the true analogues of urea in man. The higher plants consume the smallest amount of food in proportion to the amount of structure-building; they, therefore, excrete little. The case is just the reverse with the lowest forms of vegetable life. This general process he called remolecularization. These excreta are generally poisons to the animal or vegetable excreting them. But the poisonous character of the micro-organisms varies as do the alkaloids found in trees and plants. The poison in the micro-organisms correspond to the alkaloids in trees and plants. It is their excreta that renders them dangerous. Before their true effect on the organism can be known, these excreta must be separated and analyzed.

Dr. Traill Green, of Pennsylvania, then read a papcr on

THE NEW CHLORATE,

In which he praised the chlorate of sodium, thinking it superior to the potassium chlorate in every case in which the latter is useful, as being more soluble and far less irritating to the stomach. It can be given in larger doses, and therefore is more efficacious. As a local application, in poisoning from the mercury vine, in the proportion of four to twelve grams to five hundred cubic centimeters of water, it is most satisfactory; also, as a local wash in scarlatina. In conjunctivitis, and in irritations of mucous membranes ending in the skin (piles, etc.), it is most soothing. He thought the sodium salts in every way preferable to the potassium salts, and illustrated the difference in the irritating qualities of sodium and potassium salts in the use of bicarbonate of sodium in burns, which answers well, while no one would think of using bicarbonate of potassium for the same purpose. In conclusion, he said that if any physician would try the effect of substituting sodium chlorate for potassium chlorate in his practice for one month, he felt sure that he would discard the potassium for the sodium. He had seen a case of angina yield to sodium chlorate that had resisted the potassium salt.

SECTION ON SURGERY.

The Surgical Section assembled at 2:30 P.M., with C. T. Parkes, M. D., of Chicago, in the chair.

The only paper read was that of Dr. Frederick S. Dennis, of New York; on the

TREATMENT OF COMPOUND FRACTURES.

In advocating any special kind of treatment, the speaker said, there are several salient points to

consider. First, the method should be a safe one, and proved to be such by the crucial test of experience. Second, it should yield results unattended by any septic infection, by shortening, and by deformity. Third, it should be a simple one, unaccompanied by compound splints and cumbersome apparatus.

As essential for the attainment of good results, by whatever method, the author gave these rules: Immediate fixation, absolute cleanliness, and arrangements for thorough drainage when necessary.

Immediately after the injury has been sustained, he said, the wound should be carefully washed with a solution of carbolic acid, or irrigated with a solution of bichloride of mercury, and the plaster-of-paris bandage immediately applied. The bone, if it protrudes and can not be reduced, should be sawed off with the chain-saw. A fenestrum is cut through the bandage to permit free drainage. This was the method employed by the author, and from its use he reported that primary union had occurred in a number of cases without a sign of suppuration and without the use of a fenestrum in the bandage. When suppuration does occur, however, the key-note to success is to keep the parts free from septic irritation, which is accomplished by free drainage and frequent cleansing with antiseptic solutions. When the granulating surface is pale and unhealthy in appearance, a poultice sprinkled with red cinchona bark should be applied. When the parts are healthy, iodoform may be used.

The author then defined what is meant by a compound fracture, stating that the entrance of air to the seat of fracture is an essential condition to its definition, and that, hence, the wound through the soft parts is produced by the injured parts within pushing out. The difference in the manner of union of simple and of compound fractures was treated of. In submitting his report to the Section, the author said he would endeavor to show that the result was at least as good as that obtained from any other plan of treatment. It was unattended in any case with non-union and deformity, and his records, as regards shortening, were as satisfactory as any, and during the process of repair there was as little disturbance of health as was found in any plan of treatment.

The speaker then reported 128 consecutive cases of compound fracture of various parts of the body, with a tabular statement of the results. The report may be summarized thus: compound fractures of skull, 22, with 6 deaths. Of the 16 recovering, 10 were trephined. Compound fractures of thigh, 3; leg, 48; arm, 10; forearm, 13; lower jaw, 8; hand and foot, 19; ribs and nasal bones, 4; miscellaneous cases, 30. Deducting from these cases those who died from shock or within forty-eight hours after injury, he had 95 cases without a death. This mortality was lower, he showed from statistics, than that reported from treatment by the strictest antiseptic Listerian method.

At the close of the reading of this paper, the President was handed a telegram conveying the intelligence of Dr. Gross's death.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

The Section met at 2.30 P. M., Dr. Reamy, of Cincinnati, Chairman, presiding.

Dr. R. S. Sutton, of Pennsylvania, presented a paper on

DESPERATE SURGERY AMONG WOMEN; THE PROPER FIELD FOR IT; WHO SHOULD AND WHO SHOULD NOT ATTEMPT IT.

Desperate surgery, he said, means operations endangering life, and in women it is chiefly intra-abdominal. Its dangers are not to be denied, as is shown by American statistics. The proper place for these operations is not in the general hospital with its pus-soaked walls, or the modern dwelling with its defective sewage, or roadside cottage with its health-bringing air; there can not be found the indispensable nurse, and the surgeon may be a league away. These conditions render such a locality unavailable.

The material elements of safety are: Large airy apartments, no zymotic germs, sun and air space, perfect sewage, quiet city neighborhood, a conscientious nurse, but necessarily a trained one, and the surgeon near his patient. All of these conditions are secured in a private hospital, and with them we can equal the success of Keith or Tait, by whom they are practiced. Statistics show that the best results are obtained in a private or special hospital.

The general practitioner who is exposed to the poisons of scarlatina, diphtheria, and erysipelas, is not warranted in assuming the responsibility of these operations, and by so doing destroys life and makes himself liable to criminal prosecution. The obstetrician encountering puerperal peritonitis and other zymotic diseases has no right to imperil a woman's life. The gynecologist may be the minister of death while attending a case of uterine cancer. The clothing of the practitioner from exposure to infective diseases may be the deadly agent. The history of the past and the judgment of the present decide the operator to be a specialist, and exclude him from general practice. Dr. Sutton concluded with the assertion that, for successful abdominal surgery, the absence of all zymotic-disease poison and the presence of perfect cleanliness and good nurses are essential.

Dr. Engelmann, of St. Louis, then spoke of the importance and difficulty of blending theory and practice. He thought that Dr. Sutton's views are theoretically true.

The late Dr. Hodgen, an acknowledged able surgeon, lost most of his ovariotomies. He attributed it to the fact of his having at the same time practiced general surgery and medicine. He thought that the chief law of success, "absolute cleanliness," was necessary, and that it was best carried out in a private hospital. He had seen an influx of sepsis, apparently from the presence of a single gentleman at an operation, conveyed to the patients that had been and were operated on in a hospital where the most severe abdominal operations had resulted previously in but a slight or no rise of temperature. Dr. Engelmann insisted on the greater value of a "cleansed" than of a trained nurse.

The specialist endangers the success of his operations when he must take the general practitioner as his assistant. If the specialist can achieve absolute cleanliness, he must do it. Even in the English hospitals there remains much to be im-

proved. The private hospital of Dr. Martin is by no means a model one, and he thought his success had been due entirely to skill and cleanliness. Dr. Martin's new hospital is to have a room for major and one for minor operations, and will be so constructed as to be easily flooded, when necessary, with a proper disinfectant.

Dr. Dunlap referred to his experience of over forty years, and said that, theoretically, the statements contained in the paper are true.

One of the main factors of success had been, however, omitted. This is the condition of the patient's mind when removed from her home and left in a hospital. He insisted on the importance of the woman's conviction of recovery after the operation, and did not think the practitioner a walking magazine of death and destruction; yet he is careful of cleanliness, and values the purifying influence of the air in removing the poisons of infectious diseases that may have penetrated the clothing. During 1881-82, almost every one of his ovariotomies died. He lost three cases in succession. Since March, 1883, he has operated twenty-two times, with but two deaths. One of these was in a woman of seventy years; the other, sixty-four and broken down. He is particular to thoroughly cleanse the wound, and treat his hands and instruments in the same manner. He favors the semi-reclining posture for the patient, which is of great importance for drainage. He does not favor the use of carbolic acid in the abdominal cavity, because it prevents the natural absorption of poured-out fluids; at the same time it often interferes with healthy kidney action.

In answer to a question as to the cause of the severe mortality mentioned, he said that he thought it due to atmospheric influences passing over areas of country. His other operations in general surgery had been also unfavorable at that time.

Dr. Quimby, of Jersey City, referred to the two extremes of treatment and precaution advised in this operation.

He takes a middle ground. Believing want of cleanliness one of the greatest dangers, he does not consent to set these operations apart as the work of special persons. During an epidemic of smallpox he had attended cases of confinement with the only precaution of changing the clothing and attending his obstetric patients last. Cleanliness of hands and hair was also practiced, and he failed to observe any disastrous results.

In reply to an inquiry of Dr. Sutton, he said that he had opened the abdominal cavity six or seven times, with a mortality of three.

Dr. Sutton, in conclusion, said that the statement of the low foreign mortality and its causes had not been refuted. His own first seven cases were fatal. After having observed the practice abroad for eighteen months, and having again had four failures in succession, he perceived his error and opened a private hospital. His seven ovariotomies therein performed have all been successful, and his highest temperature rise has been 101.5° F.

Dr. J. Taber Johnson, of Washington, read a paper on

THE EFFECTS OF TRACHELORRHAPHY.

He wished to draw attention to the immediate and the remote effects of the operation.

In some cases the operation is unwisely or unskillfully done, or oftener than is needed. Emmet now does one operation where formerly he would have done ten. This is because he first attempts the cure of endometritis or endocervicitis. In having the unfortunate result of a complete stenosis of the cervix, the fault is with the operator, not the operation. The frequency of laceration is not increased. When the operation is indicated and well performed it is one of the greatest operations of the age.

Dr. Garcelon, of Maine, indorsed several of the author's points. The operation has no effect on pregnancy and conduces to fertility. There are two important reasons for performing the operation: (1) It reduces uterine hyperplasia; he operates in all cases of increased growth whether a laceration exists or not. (2) The scissors must be very sharp; one cut for each side suffices. (3) The parts must be absolutely approximated.

Dr. Woodward, of Vermont, avoids pelvic cellulitis by digital examination; if on any part of the vaginal surface tenderness is produced, he does not draw the neck toward the vulva, as is usually done, but operates with it *in sitû*.

The Chairman, Dr. Reamy, said that we ought to operate in all perceptible lacerations, and do so without awaiting the appearance of symptoms. Epithelioma is seen in its frequency and analogous causation on the lower lip of men. He was of the opinion that Emmet is forsaking his most brilliant operation.

WEDNESDAY, MAY 7TH—SECOND DAY.

[GENERAL SESSION.]

The President announced, in affectionate terms, the death of Dr. S. D. Gross, and appointed a committee to consider and report what action should be taken by the Association thereon.

The President then announced the names of the committee to consider the propriety of inviting to meet in the United States, in 1887, the International Medical Congress. Also the committee on the recommendations contained in the President's address.

The report of the Committee on Resolutions, to secure more competent

MEDICAL AND SANITARY SERVICE ON BOARD TRANSOCEANIC PASSENGER VESSELS.

was read by A. N. Bell, M. D., Chairman. The report was, briefly, as follows:

After conference, correspondence, and due deliberation, a bill was prepared and introduced by the Hon. Henry W. Slocum. The report referred to the contrast existing between the percentage of deaths on sea during the four years ending with 1873 and the four ending with 1883. During the former period there were 1,064,180 passengers carried, and 1,333 deaths, or a percentage of .73 per cent per thousand of the total number. For the corresponding period, ending with 1883, the passengers

numbered 1,127,215, the deaths reaching 1,558, or .85 per cent per thousand. This difference of .12 per cent means that 225 lives would have been saved in the latter period had the sanitary conditions in that period been as good as in the former. In conclusion, he stated that the mortality is now three times as large as it should be, or would be, if the sanitary conditions of vessels were properly provided for.

Dr. Pratt, of Michigan, moved that the report be accepted, and the committee be continued, to report one year from the present time.

Dr. Irvin spoke at great length upon the manner in which a similar bill is working in England, where he said that he was the first agitator of the movement.

The report was received and the suggestion adopted.

Dr. Pratt then presented the following:

Resolved, That the American Medical Association, now in session, urges upon Congress the necessity of providing suitable legislation to secure the well-being of immigrants coming to this country, and to protect our own public health.

The address in medicine, by the chairman of the Section of Practical Medicine, Dr. J. V. Shoemaker, of Philadelphia, was then read. The address was referred to the Section on the Practice of Medicine.

Dr. Thaddeus A. Reamy, of Cincinnati, the chairman of the Section on Obstetrics, delivered the address in obstetrics.

Experimental Medicine.

The following resolutions were presented by Dr. Henry H. Smith, of Pennsylvania:

Whereas, It appears that an effort is being made to restrict, by legislative action, the practice of investigation in medical science by experiments on animals, and,

Whereas, In the opinion of this Association, such restriction is not needed for the guidance of medical men in their investigations, and would be an injury and a hindrance to the pursuit of knowledge and the improvement of the medical art, therefore,

Resolved, That a standing committee of seven be appointed by the President of the Association, to be known as the Committee on Experimental Medicine of the American Medical Association, charged with the duty of opposing, by all legitimate means, any interference with the progress of medical science by unwise or ill-considered legislation.

Dr. Keyser, of Philadelphia, explained the methods of procedure adopted by the antivivisectionists of his city, and the cards sent to physicians by them.

Dr. Dalton, of New York, spoke of the movement in Philadelphia, and showed the absurdity of the position occupied by the antivivisection agitators.

The resolutions were adopted by a unanimous vote.

Medical Advertising.

Dr. Atwood offered a memorial with reference to the methods of advertising now pursued by our colleges. He said that if it is reprehensible for the physician to advertise, it is equally so for an association of physicians. He claimed that great harm is done by the advertising of free dispensaries, and he regretted deeply that so many men of inferior attainments, connected with colleges, succeed in practice above their superiors who are not so fortunate in position. Adopted.

Elevating the Standard of Medical Education.

A resolution was offered recommending that the colleges all require a preliminary examination of applicants for admission, a course of three years, and a thorough final examination, including tests of skill in various departments. After some discussion, a motion to lay the resolution on the table was made, but lost. Finally, the resolutions were adopted.

Thursday, May 8th—Third Day.

The Association was called to order by the President at ten o'clock.

The committee, appointed at the last meeting to petition Congress to provide a suitable

Fire-proof Building for the Safe-keeping of the Army Medical Museum and Library,

reported that they had presented to Congress resolutions setting forth the present inadequate protection provided for these valuable collections, and asking prompt action on the bill introduced, but no action as yet had been taken. An appropriation of ten thousand dollars per annum was also asked for the support of the library, and five thousand more for the publication of the catalogue. The report was adopted and the committee continued.

Dr. George M. Sternberg, U.S.A., moved that

We earnestly petition Congress to make suitable appropriations for the prosecution of scientific researches relating to the

Causes and Prevention of Infectious Diseases of the Human Race,

to be expended under the direction of the National Board of Health, and that a permanent detail of one medical officer of the

army and one of the navy be authorized for the prosecution of researches of this nature.

Resolved, That a committee of five be appointed to present copies of this resolution to the Speaker of the House, to the President of the Senate, and to the chairmen of the Committee on Public Health of the House and of the Senate.

Adopted. Dr. J. M. Keller, of Arkansas, asked attention to a resolution in regard to

CREMATION,

offered by him in Cleveland, and referred to a committee to which was also referred that part of the President's Address regarding the invitation to

THE INTERNATIONAL MEDICAL CONGRESS

to meet in 1887 in this country. The committee reported that they found the sentiment almost unanimous in favor of the invitation. It was therefore recommended that a committee of seven be appointed to present an invitation at Copenhagen, and, if accepted, with power to make all necessary arrangements, and the committee was authorized to draw upon the Treasurer for the preliminary expenses, not exceeding five hundred dollars. They also suggested Washington as the place of meeting.

Dr. J. M. Toner presented the

REPORT OF THE BOARD OF TRUSTEES OF THE ASSOCIATION JOURNAL.

The contract for publication had been given to Newell & Co., of Chicago, and by a fortunate coincidence the editor chosen resided in the same city. The Journal had been commenced, and although, like all new undertakings, it had been somewhat trammeled by lack of funds, its good effect had been largely felt in stimulating members of the Association to pay their dues, and in largely increasing the income of the Association. He further believed that the present year would end with a surplus in the treasury. He then called upon Dr. N. S. Davis, the editor, to make his report.

Dr. Davis reported that arrangements had been made for the publication of the Journal immediately after the last meeting, but that on account of unavoidable delays the Journal was late in appearing, and was a little late in its issue during the first three months. In accordance with the estimates made last year, 3,500 copies were printed at each issue, but before the fourth issue the number was increased to 3,800, and had been continued at that rate until the present time. The total weekly circulation is 3,436, of which 2,171 go to members. Of subscribers for the present year, 650 have paid, leaving 552 who have not paid. It is thus seen that the circulation has considerably exceeded the estimate made. Immediately after the meeting of the Association in Cleveland, circulars were sent to all the medical schools of the country, large drug manufacturing houses, and medical book publishers. In reply, a large number of advertisements was received, but many of them were of such character as to be precluded by the rule adopted by the Board of Trustees. Notwithstanding the restriction alluded to, quite a number of page advertisements were accepted. The income from this source for the first three quarters of the year was about $1,000; and at the end of the fourth quarter it should reach over $1,200.

For the first nine months the total income was $10,345. This might be somewhat reduced by losses, etc. The total receipts from subscribers was $2,293. On account of the fact that certain subscribers paid but four dollars each, the other dollar being paid to the person securing the subscription, there might be an apparent discrepancy in the figures between the number of subscribers and the amount received therefrom. If all advertisements be paid for, the total receipts would be $18,547.50; the total amount drawn from the Treasurer of the Association for publication purposes was $8,171.26; that would make annual expenses $10,891.25, leaving a balance in the treasury of $1,650.25 as result of the first year's publication. Deducting therefrom the necessary expenses of the Association, there will be over $500 still left in the treasury. As a result of the publication of the Journal, the number of members paying dues had been fully double that of any former year. On account of the need of weekly journals west of the Alleghanies, a large proportion of the subscribers came from that section.

Dr. J. M. Toner then resumed his report. In the opinion of the Trustees, the report of the editor showed the Journal to be in a satisfactory condition; it had been conducted with economy, ability, and judgment; the best interests of the Association had been kept in view, and its dignity maintained with rare discretion. It is believed that the experience gained during the past year, with the increased funds, will enable the editor to do better work in the future. If all the available funds were placed in the work of the Journal, the result would be seen in an even more satisfactory periodical. Early this year Dr. Davis had presented his resignation, but, after correspondence with the Trustees, he acceded to their earnest request and withdrew it. Dr. Davis had informed them that while he would do the best he could for the Journal during the coming year, at the end of that period he would absolutely resign. Bids had been received for the publication of the Journal for the coming year from various firms, but the bid of the present publishers had been considered most suitable, and the publication had again been put in their hands.

A minority report was submitted by Dr. John H. Packard, in which, without reflecting upon the wisdom of his colleagues, or censuring the editor, he maintained that the Journal was not, in its present state, up to the standard required of the special organ of the Association. The report concluded by recommending that the resignation of Dr. Davis as editor be accepted, and that the publication office of the Journal be transferred to some eastern city, Washington, Philadelphia, or New York.

The minority report was laid on the table

and the majority report adopted. The Nominating Committee then presented the following list of

OFFICERS FOR THE ENSUING YEAR:

President—H. F. Campbell, M. D., of Georgia.

Vice-Presidents—J. S. Lynch, M. D., of Maryland; D. D. Mercer, M. D., of Nebraska; J. W. Parsons, M. D., of New Hampshire; H. C. Ghent, M. D., of Texas.

Time and Place of Next meeting—New Orleans, on the last Tuesday in April, 1885.

Judicial Council, to fill vacancy, 1886, J. K. Bartlett, M. D., of Wisconsin.

To fill vacancies caused by expiration of term of service, J. H. Murphy, M. D., of Minnesota; J. M. Toner, M. D., of Washington; W. Brodie, M. D., of Michigan; H. D. Holton, M. D., of Vermont; A. B. Sloan, M. D., of Missouri; W. B. Ulrich, M. D., of Pennsylvania; W. M. Beach, M. D., of Ohio.

OFFICERS OF SECTIONS:

Practice of Medicine—H. D. Didama, M. D., of New York, *Chairman;* G. M. Garland, M. D., of Massachusetts, *Secretary.*

Obstetrics—R. S. Sutton, M. D., of Pennsylvania, *Chairman;* J. T. Jelks, M. D., of Arkansas, *Secretary.*

Surgery—Duncan Eve, M. D., of Tennessee, *Chairman;* E. B. King, of Pennsylvania, *Secretary.*

Ophthalmology—Joseph A. White, M. D., of Virginia, *Chairman;* Eugene Smith, M. D., of Michigan, *Secretary.*

Diseases of Children—John H. Pope, M. D., of Texas, *Chairman;* S. S. Adams, M. D., of District of Columbia, *Secretary.*

State Medicine—E. W. Schaeffer, M. D., *Chairman;* J. N. McCormick, M. D., of Kentucky, *Secretary.*

Oral and Dental Surgery—A. W. Harlan, M. D., of Illinois, *Chairman;* J. Ewing Mears, M. D., of Pennsylvania, *Secretary.*

Trustees of Journal—H. F. Campbell, M. D., of Georgia; J. H. Packard, M. D., of Pennsylvania; Leartus Connor, M. D., of Michigan.

Necrology—J. M. Toner, M.D., of District of Columbia, *Chairman.*

The report of the standing Committee on Meteorological Conditions was presented by Dr. N. S. Davis, Chairman.

The body of Dr. S. D. Gross was cremated on the 8th instant.

NATIONAL CONFERENCE OF THE STATE BOARDS OF HEALTH.

(Reported for the Louisville Medical News.)

During the fall of last year, Dr. J. N. McCormack, Secretary of the State Board of Health of Kentucky, began a correspondence with other State Boards in regard to the formation of some organization by which the representatives of the health authorities in the various States could be annually brought together for an interchange of views in regard to their practical health work, and for the purpose of securing concert of action and co-operation in the management of epidemic diseases.

A preliminary meeting was held in Detroit, in November, at which a committee to correspond with all State Boards in the interest of the object of the meeting, and another to prepare a plan of permanent organization, were appointed, both committees to report to a meeting to be held in Washington.

In accordance with this announcement a meeting was held in that city on the 7th inst., with the following representatives present, Dr. Stephen Smith, of the National Board of Health; Hon. Erastus Brooks, of New York; Drs. H. P. Walcott, of Massachusetts; E. M. Hunt, of New Jersey; C. W. Chamberlain and C. A. Lindsley, of Connecticut; J. N. McCormack, of Kentucky; C. C. Fite, J. Berrian Lindsley and G. B. Thornton, of Tennessee; Charles H. Fisher, of Rhode Island; J. C. Hearne, of Missouri; Charles N. Hewitt, of Minnesota; John H. Rauch, of Illinois; F. W. Hatch, of California; I. A. Watson, of New Hampshire; Thomas F. Wood, of North Carolina; R. J. Farquharson and G. M. Reynolds, of Iowa; E. S. Elder, of Indiana; G. P. Conn, of New Hampshire; H. B. Baker, of Michigan; J. E. Reeves, of West Virginia; Jerome Cochran, of Alabama, and Dr. Stewart, of Maryland. The committee on permanent organization reported that they had had various plans, suggested by themselves and others, under advisement, and that after full consideration they had unanimously agreed upon the following:

Resolved, That there shall be a conference of executive officers and other representatives of State Boards of Health during the meetings of the American Public Health Association, and at other times if desired, on the call of its officers. All questions arising in the conference shall be determined by vote by States, each State being entitled to one vote. The officers shall consist of a chairman and secretary.

It was decided that the conference should have no constitution or by-laws, and that its sessions should be devoted entirely to the discussion of practical health questions. The report of the committee was unanimously adopted. The conference continued in session for two days, and adjourned to meet in St. Louis, in November next. Hon. Erastus Brooks, of New York, was elected permanent Chairman, and Dr. J. N. McCormack, of Kentucky, Secretary.

Miscellany.

An Ice Well.—In boring for water near Snake River, about forty-five miles from Dayton, Oregon, U. S. A., recently, a stratum of frozen earth was encountered at a depth of fifty-five feet. Passing through this for five feet, numerous cavities were found, from which the cold air came in gusts. The escaping air at the bottom of the well can be heard roaring at some distance. It is not possible for any one to hold his hand over the well for any length of time without freezing it, and a bucket of water let down into the well was frozen over in a few minutes. Work on the well has been abandoned on account of the cold.—*Ice-Trade Journal.*

Case of Poisoning from the Bite of a Copperhead.—Dr. H. C. Yarrow reports, in the April number of the American Journal of the Medical Sciences, a case of very severe poisoning from the bite of a copperhead, which was successfully treated. He reviews recent investigations concerning the effects of serpent venom, and points out the means and remedies to be employed in cases of snake-bite. He recommends as a chemical antidote the injection in the immediate vicinity of the bite of a one-per-cent solution of permanganate of potassium.

Dr. L. P. Yandell.—In noticing the death of the late senior editor of this journal, the editor of the British Medical Journal says:

"The many warm and affectionate friends of Dr. Lunsford Yandell, of Louisville, will learn with regret that he is no more. Like his brother, Dr. David Yandell, he was much loved and valued by numerous English friends, whom his cultivated intelligence and manly and affectionate character had attached to him. He was a fine type of the chivalrous, fearless, and original-minded American physician and gentleman—a type which is well known, much valued, and always warmly welcomed here."

A Rare Form of Vulvar Disease.—Dr. Middleton Michel has recorded, in the American Journal of the Medical Sciences for April, a very rare form of hypertrophic growth consisting of a number of elongated prong-like growths, some an inch in length, of almost scirrhous hardness, springing from the carunculæ myrtiformes and fourchette, which caused difficulty in urination. They were removed by the knife without pain or hemorrhage, and two years later they had shown no signs of recurrence.

Cerebral Amaurosis following an Injury to the Head. Occurrence of Gastric Crises.—Mr. Robert Kirkland, of Cheltenham, England, reports, in the American Journal of the Medical Sciences for April, a case of amaurosis following contusion of the brain, which was of special interest on account of the occurrence of well-marked gastric crises in every way resembling those of locomotor ataxy.

The danger of practicing without a diploma in Colorado is thus illustrated: In a small town near Denver, Eli Madlong, practicing as a physician, but without any diploma, prescribed some medicine for a patient who died, presumably from the effects of the prescription; whereupon, says the Chicago Medical Review, the indignant friends of the deceased, hanged the venturesome practitioner by the neck until he was as dead as his unfortunate patient.

A peculiar case is related in the British Medical Journal. Several days after a woman's burial it was concluded to hold a post-mortem. While opening the lid, the coffin burst with a loud noise, one of the boards striking the police inspector, and knocking him down. Dr. McDonald, the medical officer in attendance, fainted, and remained unconscious for some time, and has since died. Another physician, who was present is lying seriously ill.—*Weekly Medical Rev.*

Electro-Magnet in Ocular Surgery. Dr. Glascott uses the electro-magnet in the removal of foreign bodies from the interior of the eye. At a recent meeting of the Manchester Medical Society he reported eight cases, in which it had been successfully used.

The Louisville Medical News.

Vol. XVII. SATURDAY, MAY 17, 1884. No. 20

H. A. COTTELL, M. D., - - - - - - - Editor.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editor is not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITOR OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

THE AMERICAN MEDICAL ASSOCIATION.

The recent meeting of the American Medical Association was attended by fully two thousand physicians. The reports speak for much sound scientific work done in the sections, while the interest of the regular sessions was kept up by able addresses and by the transaction of business looking to the good of the Association and the honor of the profession.

The question of the "code," though made the subject of wise and temperate comment by the President in his address, was not permitted to come before the Association for controversy. The wisdom of the fellows in refraining from the further discussion of this threadbare topic can not be questioned. Some expression from the President relative to the existing ethical status of the profession was however expected, and Dr. Flint handled the subject judiciously and to the apparent satisfaction of the old- as well as the new-code men.

He spoke of the good influence which the code had had upon the minds of the profession, and quoted from the addresses of several of the ex-presidents.

The Medical Society of the State of New York had taken precipitate action in changing its code of ethics, the portion of the National Code which had been specially objected to relating to consultations with irregular practitioners. The interpretation of certain parts of the code at different periods seemed to vary more or less, although its intrinsic moral worth ever remained the same. With regard to the meaning of the term irregular practitioner, Dr. Flint thought it should not be interpreted to mean one who might entertain exclusive ideas regarding certain matters in medicine, but rather one who adopted a sectarian name, as homeopath, eclectic, etc. It might prove hazardous to tamper with the code of ethics; but he thought it proper, with the advance of time, to make interpretations of that code as it now stood. He would submit as a recommendation, *that the Association adopt resolutions embodying a more precise specification than the code furnished as to the grounds for excluding consultations with irregular practitioners*, and he would approve of its being stated that those who adopted a sectarian name should be excluded from fellowship with the regular profession. As to that object of the Association relating to the means for directing public opinion with regard to the profession, etc., let it be understood that there could be no antagonism between "humanity" and medical ethics.*

The question of medical education received a due share of attention. The President, though in no way standing as an apologist for existing abuses in this particular, vindicated the cause of medical instruction in this country against the sweeping charges which certain would-be reformers had brought against it. He maintained that "the members of our profession in this country were not ignorant or in any way unworthy. The profession was honorable and honored. In no country was the social status higher. He suggested the appointment of a standing committee, whose functions should be to communicate with State associations and medical colleges with the view to securing uniform action concerning the requirements for matriculation and graduation, and to report to the Association what had been actually accomplished."

Several attempts were made, but with little success, to bring the Association to take a stand in the matter of reform in medical education. Dr. von Klein, of Ohio, gave notice of proposed amendments to the by-laws, offering the following resolutions:

Resolved, That no person who shall hereafter graduate from a college where an educational test

* New York Medical Journal.

is not a prerequisite to admission shall be a delegate to the Association.

Resolved, That all delegates shall present, as a part of their credentials, a certificate from the county or State society they represent, showing from what college and when they graduated, excepting delegates from the army and navy.

The resolution of Dr. Benjamin, "that the Association shall earnestly urge upon all American medical colleges the necessity of elevating the standard of education, at least so far as to require preliminary examination and a three years' course, a registry of attendance, and practical demonstration of diagnostic skill," passed, after a vigorous and well-nigh successful attempt to lay it on the table.

Medical and sanitary service on transatlantic passenger vessels was discussed at length, and steps were taken with a view to securing such action from Congress as shall correct the abuses of this department.

The antivivisection movement received a merited rebuke.

The record of the Journal of the Association during its first year was a topic of absorbing interest.

Dr. Davis presented a very satisfactory report, with the showing of a financial status remarkable for a new venture. The hearty indorsement which his work received at the hands of the committee, and the almost unanimous approval of the members, with the large vote which tabled the adverse minority report and led Dr. Davis to withdraw his resignation, with the promise to continue the work for another year, was no more than a deserved recognition of faithful and efficient service. For, whatever may be said as to the failure of the Journal in attaining that ideal standard of excellence, which too many expected of it at the start, its management has been most praiseworthy, and its record one of which its eminent editor may well be proud.

The standard desired by Dr. Packard will be reached in time; but the Journal can come to it only slowly and by degrees. Another year will doubtless show great improvement.

Bibliography.

Contagious and Infectious Diseases: Measures for their Prevention and Arrest. Circular No. 2. By JOSEPH JONES, M.D., President of the Board of Health of the State of Louisiana.

This circular, which is really a bulky volume of 410 pages, was prepared for the guidance of the quarantine officers and sanitary inspectors of the Louisiana State Board of Health. It treats exhaustively of smallpox, varioloid, chicken-pox, cow-pox, vaccination, and spurious vaccination. Eight full-page colored plates accompany the text. During the recent civil war the author instituted an extended investigation of all subjects bearing upon vaccination; the results of these labors are now fully recorded. The original works of Edward Jenner are out of print and are inaccessible to the profession. During a visit to Europe in 1870, the author secured copies of the works of Jenner, viz., "An Inquiry into the Causes and Effects of Variolæ Vaccinæ," "Further Observation on the Variolæ Vaccinæ," "A Continuation of Facts and Observations relative to the Variolæ Vaccinæ."

Dr. Jones has placed the profession under great obligations, and at the same time greatly enhanced the value of this volume, by republishing the original works of the immortal Edward Jenner. Vaccination is of the greatest importance to the health and material welfare of the public. Than the prevention of smallpox no more important subject can engage the attention of the medical profession and sanitary authorities. This circular of Dr. Jones is invaluable and should be widely distributed. J. B. M.

Eczema and its Management. By L. DUNCAN BULKLEY, A.M., M.D. Second edition. New York: G. P. Putnam's Sons.

We can only reiterate the favorable opinion expressed by the NEWS on the appearance of the first edition of this work.

The book remains a personal one, representing the experience of the author, based on the study of three thousand cases of the disease. A great many additions and alterations are noticed, and certain parts have been rewritten, but no changes affecting the principles of theory and practice have been made. The author claims that, "with careful, thorough, and judicious management, there are few of the chronic diseases which yield such satisfactory and often brilliant results

as eczema, whereas, with routine and imperfect treatment, it can resist cure in a manner unexcelled by few maladies." In this volume the practitioner will find many fresh suggestions and useful hints. J. B. M.

Female Hygiene and Female Diseases. By J. K. SHIRK, M.D., Lancaster, Penn.

This little book was written for the instructions of the laity. Measures for the prevention and cure of the diseases of the female reproductive organs are discussed in the simplest possible language. The author has succeeded in handling this very important subject in a clear and intelligible manner. The work can be safely commended to wives and mothers. J. B. M.

Diagnosis and Treatment of Diseases of the Heart. By Constantin Paul, Member of the Academy of Medicine, Physician to the Lariboisiere Hôpital. Translated from the French. (Wood's Library of Standard Medical Authors.) New York: William Wood & Co., 56 and 58 Lafayette Place. 1884.

Post-Nasal Catarrh and Diseases of the Nose causing Deafness. By Edward Woakes, M.D., Senior Aural Surgeon and Lecturer on Diseases of the Ear, London Hospital; Senior Surgeon, Hospital for Diseases of the Throat, London. Illustrated with wood engravings. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1884.

The Physician and His Relations to the Profession and the Patient. By John Blankinship, M.D. Delivered before the Blount County Medical Society, at the Annual Meeting, as the retiring President, April 7, 1884. Published by request of the Society. Maryville, Tenn: East Tennessee News Job Printing Office.

The Pathology, Diagnosis and Treatment of Diseases of the Rectum and Anus. By Charles B. Kelsey, M.D., Surgeon to St. Paul's Infirmary for Diseases of the Rectum; Consulting Surgeon for Diseases of the Rectum to the Harlem Hospital and Dispensary for Women and Children, etc. With two chromo-lithographs and nearly one hundred illustrations. New York: William Wood & Co., 56 and 58 Lafayette Place. 1884.

Sexual Neurasthenia (Nervous Exhaustion): its Hygiene, Causes, Symptoms, and Treatment, with a chapter on Diet for the Nervous. By George M. Beard, A.M., M. D., formerly Lecturer on Nervous Diseases in the University of the City of New York, Fellow of the New York Academy of Medicine, etc. Author of "Our Home Physician," "Hay Fever," "Stimulants and Narcotics," "Eating and Drinking," etc.

(Posthumous Manuscript.) Edited by A. D. Rockwell, A.M., M.D., Fellow of the New York Academy of Medicine, etc. One of the Authors of "Medical and Surgical Electricity," etc. New York: E. B. Treat, 757 Broadway. 1884. Price, $2.

Medical Diagnosis with Special reference to Practical Medicine, a Guide to the Knowledge and Discrimination of Diseases. By J. M. DaCosta, M.D., LL.D., Professor of Practice of Medicine and Clinical Medicine at the Jefferson Medical College, Philadelphia, Physician to the Pennsylvania Hospital, etc. Illustrated with engravings on wood. Sixth edition, revised. Philadelphia: J. B. Lippincott & Co. 1884.

Clinical Lectures on Mental Diseases. By T. S. Clouston, M.D., Edin., F.R.C.P.E., Physician Superintendent of the Royal Edinburgh Asylum for the Insane, Lecturer on Mental Diseases in the Edinburgh University, etc.; to which is added an Abstract of the Statutes of the United States, and of the several States and Territories, relating to the Custody of the Insane. By Charles F. Falsom, M.D., Fellow of the American Academy of Arts and Sciences; Assistant Professor of Mental Diseases, Harvard Medical School, etc. Philadelphia: Henry C. Lea's Son & Co. 1884.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Editor Louisville Medical News:

Dr. Tarnier, who was recently appointed Professor of Obstetrics at the Paris Faculty of Medicine in succession to Prof. Pajot, transferred to the chair of Clinical Obstetrics, inaugurated his course of lectures by a very interesting dissertation on the advantages of the employment of antiseptics in obstetrical practice. Before, however, entering into the subject matter of his lecture, which was

delivered before a crowded audience, among whom were present a number of professors, *agrégés*, doctors, and of course medical students, Professor Tarnier paid a graceful tribute to his predecessors, Paul Dubois, Depaul, and Pajot, and then went into the history of obstetrics, as observed in the hospitals and lying-in institutions in this city. In doing this he pointed out the immense progress that has been made in the treatment of parturient women, which he said may be easily estimated by the marked decrease of the mortality among the patients of this class, adding that formerly the mortality in the hospitals of Paris was one in every ten cases; now it is scarcely one in one hundred.

In attempting to explain this great mortality of former years Prof. Tarnier stated that it was manifestly due to inattention to the most elementary rules of hygiene; that this state of things was, and still is, in some quarters, put down to some occult agent comprised in the term epidemic, but which term is often employed to cover our ignorance, as in the present case, whereas puerperal affections are almost exclusively produced by contagion. This theory has been professed by Dr. Tarnier for a number of years, and even in his inaugural thesis for the doctorate, in 1857, he endeavored to give a practical demonstration of the correctness of his views. He then pointed out the necessity of separating the diseased from the simply parturient woman, but he was always shown a deaf ear, and he met with the most strenuous opposition from his own masters, who were too strongly imbued with the old-fashioned notions to adopt a theory which, to them, was only problematical. Since his appointment, however, to the Paris Maternity, in 1867, he has been enabled to effect great reforms, and his efforts to reduce the mortality from puerperal causes to a minimum have been crowned with marked success. Besides the isolation of patients, and scrupulous attention to avoid all possible sources of contagion, Prof. Tarnier put into practice the antiseptic method, not the so-called Listerism, but he employs corrosive sublimate in preference to the other antiseptic agents in vogue. Carbolic acid, however, is not entirely discarded, it is simply used for disinfecting the air of the wards, but for lotions, etc., the corrosive sublimate is freely employed in all the circumstances where carbolic acid or any other antiseptic would be considered useful. The hands of the accoucheurs and those of the attendants are always washed n a solution of corrosive sublimate previous to entering the ward, and the very instruments, whether for obstetrical or other surgical purposes, such as those that will not be affected by the mercury, are steeped in the solution previously to being used. The solution employed is that which bears the name of Van Swieten, and is composed as follows, as given in the French pharmacopeia: Corrosive sublimate, 1 gram; distilled water, 900 grams; rectified spirits, 100 grams.

The other metallic instruments, such, for instance, as the forceps, are first washed with boiling water, then with rectified spirits, and when about to be used are heated over a spirit-lamp. The instruments go through this process after each time they are used.

Each woman that is removed to the lying-in ward has to submit to vaginal injections with the above solution diluted with an equal proportion of water, whatever stage of labor they may be in, and this is renewed every three hours. When the labor is ended, the injection is pushed into the uterus, the solution being warmed to 37° C. Under the influence of this injection the debris of the membranes and the clots of blood are expelled, and the uterus contracts with much greater force than if matters were left to themselves. In this way the double effect of complete antisepsis and hemostasis is obtained. In cases of hemorrhage post-partum, the intra-uterine injection is effected with the same liquid but raised to a temperature of 45° or 50° C. Under the influence of this injection the uterine contractions acquire a degree of strength far superior to that obtained with the ergot of rye. By the adoption of this method M. Tarnier states that he has been enabled to do away almost entirely with the ergot of rye, a drug which, although it has rendered great service, yet it has sometimes been attended with such bad effects that its use should be restricted as much as possible in obstetrical practice.

Besides the injections before and after labor, the genital organs of the parturient patient are washed with the solution of Van Swieten diluted, and a compress steeped in the same solution is applied to the parts. If the patient is healthy, no vaginal injection is employed. These injections are reserved for the four following cases: (1) If the woman is delivered of a fetus macerated or putrefied, giving out offensive odor; (2) If there be retention of the membranes; (3) If the lochia are fetid; (4) If there be injury to the vulva. Finally, when the parturient

woman becomes ill, when she is feverish, if there be abdominal tenderness, intra-uterine injections must be resorted to two or three times a day. In severe injuries, such as rupture of the uterus, the solution is used pure and every half hour, for the first three days, for vaginal injections, and then the strength, as given above, is resorted to. M. Tarnier has the most implicit confidence in this treatment, and he never noticed any bad effects from the mercurial solution beyond slight gingivitis in a few rare cases, but never amounting to salivation, and these same cases would probably have occurred if the mercury had been administered to the patients in any other way and for any other cause. He has never had a death which could be attributed to this method, although he had employed it more than three thousand times within the last three years. He had, however, heard of one, but did not believe in its authenticity.

In a paper that has been recently published it is stated that intemperance in the use of alcoholic liquors kills, in Germany, 40,000 individuals yearly. In Russia it is calculated that only 10,000 die annually; in Belgium, 4,000; in France, 1,500. But the nation that takes the lead in this respect is America, as the report states that 300,000 died in the United States from the effects of alcoholism in the space of eight years!

It is well known that many patients can not continue the use of the iodide of potassium for any time owing to its disagreeable taste. M. Gerard Lague, a *pharmacien*, recommends that the salt should be prescribed with the syrup of gooseberry, which completely covers the acrid taste of the former. It does so more effectually than any other syrup, and he has learned from many physicians, to whom he made the suggestion, that patients generally took more kindly to it than to any other preparation.

PARIS, April 25, 1884.

Selections.

MYXEDEMA.—M. T., a female, aged forty-seven, a machinist. She has had two miscarriages and four living children. Her father died of diabetes, her mother of dropsy. The patient was quite well till fifteen years ago, when she is said to have had syphilis (from her husband). She has had great trouble. There is no history of drinking. Ten years ago she began to drawl in her speech, and her eyes were puffy; this has continued up to the present time. The catamenia have ceased; all her children were born prior to the onset of her present illness. Her face looks edematous, but does not pit on pressure; the skin has a translucent appearance, with a pinkish tinge on each cheek; there is considerable swelling of the upper eyelids, but no pitting. The hair is scanty and dry. The tongue is large and pale, and is moved slowly, there is no enlargement of the uvula or tonsils. The skin is dry every where, and rough with desquamation in places; the hands are swollen, and the legs also are larger, but do not pit on pressure. The nails are normal.

The patient says she is always better in warm weather—by this she means that she can move about better.

The patient answers questions slowly, and slurs her words, she speaks as if there were something in her mouth. There is no mental deterioration to be perceived, and the patient seems to be remarkably placid, and never gets excited or cross. She walks slowly and is feeble, but there is no dragging of the toes or incoördination of movements, but she is slow in all her movements. The reflexes are normal, except that the patella is diminished. The supraclavicular regions are very prominent. Localization of sensation is normal, but the power of distinguishing two points of contact is impaired. There is slight analgesia and retardation of sensory conduction. The viscera are apparently healthy. The pulse is slow (60), and the temperature is subnormal, rarely being over 97° F.; but whenever she is examined, and if she is made to move about quickly, the temperature rises. After being shown at a medical meeting, her temperature was 100° F. The patient suffered severely from occipital headache before admission. The fundus oculi is normal on both sides.

On testing the nerves, motor points, and muscles with the faradic current the responses were found to be much below normal—a contraction, and that a feeble one, can only be obtained by currents which occasion great pain. This is probably due to the bad conducting power of the skin in its very dry condition, and also to its probable infiltration with mucin.

The urine is pale, acid, specific gravity 1.010, contains no albumen and no casts. Average daily quantity, 70 ounces. The thyroid body can not be felt.

The above notes were taken twelve months ago; since then the course of the disease has been rather remarkable.

The patient was treated with nitro-glycerine, and for some time stated that the medicine did her good; but no good effect could be observed. She also was treated with pilocarpin subcutaneously; the skin acted freely, but no alteration in her condition could be observed. The urine was examined daily for a month, and no albumen or casts were found.

On August 10th last, she complained of intense pain on the top of the head, was very drowsy, and had to be roused to answer questions. Pulse and respiration normal. She had two convulsions on this day.

October 12th: She fell, and fractured her right patella.

January 9th: The patient was very noisy, in great distress, constantly crying and talking, had delusions as to seeing her friends in the ward. Previously to this the patient had been remarkably quiet and placid.

The occurrence of these nervous symptoms is of great interest; the convulsions, delusions, and transitory attacks of mania go far to prove that the disease is something more than mere mucoid infiltrations of the subcutaneous and other tissues.

The patient at present is perfectly rational, and the average amount of urine passed daily is 50 ounces, of specific gravity 1.010, and containing only 3.9 grains of urea to the ounce.—*Birmingham Medical Review.*

Gastralgia.—To the horrible, death-like sinkings that belong to gastralgia, though not always actually coincident with the pain, I have already referred incidentally. A man, aged twenty-eight, after a few months' worry, began to have neuralgic pain in the left arm and up the neck. After this, he became subject to nocturnal attacks of "want"—not a craving, nor exactly a faintness, but "an awful emptiness, with a dread at the heart." He was substantially quite healthy, and was soon cured on restorative and tonic treatment. I am now seeing a similar case in Leeds, with Mr. Robson, in a neurotic subject. Vertigo is sometimes associated with this symptom. Slighter degrees of this distress often accompany gastralgia or enteralgia, or, with an unaccountable languor, precede them. These subjective sensations are, of course, to be distinguished from the collapse, sometimes alarming in its degree, which is consequent upon the intenser attacks of abdominal neuralgia. The intensity, indeed, of most severe cases of gastro-enteralgia may be seen in the ashen cold face and blue nails. Finally, most gastralgics are subject, not when actually suffering only, but also at all times, to borborygmi. Few people are ignorant of this phenomenon; but it is in neurotics especially that it reaches its most lively and garrulous form. An old and valued domestic, who has recently retired after twenty-five years of household service, and who presented all the phenomena of gastralgia in an active form, was so embarrassed by these audible internal questionings that she almost withdrew herself from waiting at table. In some persons, borborygmi are rythmical and coincide with the inspiration. The noise is then rather of a churning character, and, I believe, is made in the stomach only. On examination, it will be found that, in these persons, the breathing, when full, is wholly abdominal. Even in women the thorax may be motionless. In addition to tonic measures, gentle dumb-bell exercises are most potent to remove this disorder.—*Dr. Clifford Allbutt, Gultsonian Lecture, No. 2; Med. Press.*

Discussion on Scarlet Fever.—Before the Academy of Medicine in Ireland, Dr. J. W. Moore, in the first place, pointed out the strict obedience to the law of seasonal prevalence of scarlet fever which the present epidemic has shown. He illustrated that law by an allusion to the observations made upon the subject by the Registrar-General for England, Dr. Ballard, Dr. J. W. Tripe, and himself. According to the statistics of admissions and deaths from scarlet fever patients, compiled from the register of Cork Street Hospital for ten years, 1874–83, inclusive, it appeared that of seven hundred and thirty-eight patients admitted with the disease, one hundred and ninety-two came in during the first quarter of the year, one hundred and thirty-six during the second, one hundred and ninety-four during the third, and two hundred and sixteen during the fourth. The deaths, one hundred and forty-nine in number, were similarly distributed, thirty-eight occurring in the first quarter, twenty-four in the second, thirty-one in the third, and fifty-six in the fourth. The continued prevalence of so infectious a disease during the autumn and winter was no doubt due to the facilities for the spread of infection afforded by overcrowding and deficient ventilation. As regards the present outbreak, the admissions were: April, 1883, none; May, eight; June, five; July, nine;

August, fifteen; September, twenty-three; October, twenty-seven; November, thirty-two, and December, twenty-six. The epidemic reached its greatest intensity about the end of October, and was now subsiding, according to the usual law. He presented a table showing the number of male and female patients, with the ages, deaths, and mortality in each group. The prevailing type of the disease was scarlatina anginosa, and the mortality up to the end of January, 1884, had been 24 per cent among males and 23.3 per cent among females. The general mortality has so far been 23.6 per cent. Among children under five years of age it was particularly high, 32 per cent among males and 35.3 per cent among females. The chief complications were acute desquamatic nephritis and renal dropsy, uremic convulsions best treated by pilocarpin; diffuse cellulitis of the neck, followed in one instance by cancrum oris; diphtheria in one case, treated with sulphurous-acid spray; rheumatism and, in a private case, phlegmasia alba dolens.

Dr. J. E. Kenny bore out Dr. Moore's statement fully as to moderate temperature favoring the development of scarlatina. Moisture was an important factor in the production and spreading the disease. Another point was the connection of scarlatina and erysipelas. In the late epidemic in August and September erysipelas became frequent, and he had a number of cases of diffuse cellulitis of an aggravated form in the North Dublin Union Workhouse Hospital, and scarlatina in the following month became epidemic in the house itself. He connected the action of the atmospheric influence and the alliance of the two diseases. The defective housing of the poor was one of the great causes of epidemics such as scarlatina; in winter-time ventilation is an important factor, and that was why the epidemic reached a climax in cold weather, though it commenced in moderate temperature. He asked what was the most rapid case in which death occurred? In a child, aged thirteen, he had known it to follow thirty-six hours after the first symptoms.—*The Medical Press.*

Extraordinary Foreign Bodies in the Nose.—Mr. Rushton Parker, before the Liverpool Medical Institution, March 13th, showed a gun breech and bolt removed from the nose after five years. The patient was a Welsh farmer, aged twenty-six, who was brought to him suffering from a fetid discharge from the nostrils and from the upper jaw inside the lip, with the history of a gun accident five years previously. The discharge was supposed to proceed from a necrosed bone, and Mr. Parker at once made arrangements for removing the diseased portions, the patient taking lodgings in Liverpool for the purpose. In order to avoid disfiguration, the opening between the lip and jaw was enlarged and, after considerable violent traction, a loose body was removed, which proved to be a breech and bolt of a single barreled fowling-piece, which had remained imbedded ever since the gun accident five years before. The bleeding was profuse, but was allayed by hot water. The weight of the metal removed was three and a half ounces, and the length about two and a half inches. He mentioned that a somewhat similar case had been noted by Mr. Lawson. He then showed some specimens of comparative pathology, and afterward a simple mammary cyst that was of interest clinically, as it was almost solid and so hard as to be scarcely distinguishable before removal from cancer.—*Medical Press.*

Strychnia in Delirium Tremens.—Dr. Dujardin-Beaumetz (*Bulletin de Thèrapeutique*), while disagreeing with the opinion of Dr. Luton, of Rheims, that strychnia is the appropriate medical agent for combating alcoholism in general, is quite in accord with him as to its great value in the treatment of delirium tremens. In this it is one of the most certain and efficacious of remedies which he has successfully availed himself of in many cases at the St. Antoine Hospital. He administers it in hypodermic injections, beginning with a dose of five milligrams, which he repeats in five hours. Sometimes, if the symptoms persist, he gives a third injection within the twenty-four hours.—*Medical Press.*

ARMY MEDICAL INTELLIGENCE.

Official List of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, May 4, 1884, to May 10, 1884.

Webster, Warren, Major and Surgeon, granted leave of absence for six months, from April 29, 1884, on account of sickness. (Par. 5, S. O. 103, A. G. O., May 3, 1884.) *Sternberg, George M.*, Major and Surgeon, now at Governor's Island, New York Harbor, ordered to repair to this city (Washington, D. C.) to represent the Medical Department of the Army at the annual meeting of the American Medical Association, to meet on May 5, 1884, and on adjournment of the Association to return to Governor's Island. (Par. 2, S. O. 103, A. G. O., May 3, 1884.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 24, 1884.

Original.

TWO CASES OF HERNIA, WITH RESULTS OF THE "HEATONIAN OPERATION FOR RADICAL CURE."*

BY AP MORGAN VANCE, M. D.

CASE I. On March 27, 1882, E. M., a girl, aged thirteen, was referred to me by Dr. E. R. Palmer, that she might have a truss fitted for right oblique inguinal hernia. The protrusion was small and easily reduced, though causing much discomfort while out. The truss was fitted and acted well.

Thinking it a good case in which to attempt a radical cure, I advised the Heatonian operation, which was, after consultation, agreed to by the parents.

On May 10th the operation was performed, Dr. Palmer administering the chloroform. I used the Heaton syringe modified by Davenport, of Boston, an assistant of Heaton. The hernia being reduced, the needle was introduced vertically, just below the external inguinal ring, and when it was estimated that the point was on a plane with the canal the instrument was depressed and the needle carried up into the canal, or what was thought to be the canal. I say this, because I assure you that so far as this point is concerned we are compelled to play something of a chance game. When I felt as sure as circumstances permitted that the needle was in the right place, I injected ten minims of the extract quercus alba, withdrew the needle, and fitted a firm compress made of rubber adhesive plaster over the canal, this being held in position by a broad pelvic band and a perineal strap, the patient remaining in bed in the supine position.

On the fourth day she had some pain, requiring a small dose of morphine, which was the only trouble during the allotted two weeks' confinement.

Examination, on the fifth day, showed an induration along the course of the canal, circumscribed, about size of a pecan, which was quite tender on pressure, but which disappeared gradually, so that when the fourteen days had passed, a light-spring, sponge-pad truss could be worn with comfort. This support was discontinued at the end of six months, without any inconvenience being experienced, though the girl leads a very active life.

Since the operation, up to this date, no sign of hernia has been present, nor can any evidence of weakness at the site of the hernia be discovered by most careful examination.

CASE II. L. H., aged three years. Referred to me by Dr. Scott, in June, 1883. This boy was the subject of a very large right oblique inguinal hernia, which had been treated for some time by a truss without effect, the protrusion descending whenever the child coughed or strained at stool. In fact it could not be retained at all. I advised the operation, and after some consideration the parents consented—when I injected seven minims extract quercus alba, just as in Case 1, Dr. Scott having first etherized the little patient.

This child was very fat, and I am unable to say where the fluid rested. After-treatment was the same as in the first case. But this patient developed a severe attack of bronchitis about the sixth day, coughing a great deal. No descent of the hernia took place because of the firm compress and supine position, but when he was permitted to walk about at the close of two weeks, the fourth day after getting up the protrusion descended under the pad, which was made of lint and held in position by a light spring. The protrusion was not so large or so diffi-

*Read before the Louisville Medico-Chirugical Society, April 18, 1884.

cult of retention as before the operation. The pad was changed and the hernia retained comparatively well for six weeks, descending only when the child coughed very much or strained hard at stool.

In six weeks the operation was repeated, ten mimims of the extract being injected. This time I was almost certain that the fluid went into the canal, but still not absolutely sure. The child had no intercurrent trouble, being allowed to get up in two weeks, a somewhat firmer truss with hard pad being applied, which he has worn since that time.

So far as I can ascertain by careful examination there is no sign of hernia present. The mother on two occasions thought she found it, just below the pad, but it disappeared on being touched, without the pad being raised, and I think it was the testicle lying up on pubes, which slipped back into scrotum.

The boy is very active, running and jumping at play. A few days since I examined him carefully, and discovered no impulse on coughing. The right inguinal region seems as firm as the left, and I feel very sanguine of a cure.

I give these cases for what they are worth, hoping to hear some discussion of the subject, especially as I see by the reviews of a recent work on this operation, that the procedure is being severely criticised because the good results obtained are very few. The question is, How does this injection act? Is it, as claimed by its originator, simply an astringent effect on the tendonous structures about the pillars of the ring? or the result of adhesive inflammation? Or may the suggestion which I offer be true, that it may be by neither of these methods, but that the good result is attained by the perfect trussing kept up after the operation, and more particularly the rest given the parts during the two weeks' confinement on the back, with compression over the canal, thus giving nature a chance to do her healing work. I believe that any hernia will be greatly benefited by a prolonged rest of the patient in such position that the protrusion will not present at the internal ring or come into the canal; especially would this be the case with children.

There are, I think, cases recorded where patients the subjects of hernia, having been confined for some weeks in supine positions, found on getting up that a cure of the hernia had occurred spontaneously.

LOUISVILLE, KY.

POLIOMYELITIS.

WALKER SCHELL, M. D.

Ina, May E., aged four years, was brought to my office on the 13th of March, 1884. Her general health appeared good, and the mother told me that she had been in excellent health for some time. There are slight marks of rachitis on her skeleton at the junction of the ribs and costal cartilages, and also at the epiphyses of long bones. Her teeth are also bad, and much worn.

The right lower limb is the one affected. Its appearance is characteristic. It is rotated outward, and the foot is at an angle of forty-five degrees to the line of progression. The toes are flexed, and the foot is extended so that in walking the toes drag and the limb is thrown outward and drawn after the sound one.

There is marked atrophy of the muscles of the right limb. The right leg is six inches in its greatest circumference, and the middle of the right thigh seven inches in circumference, and the left leg is eight inches in its greatest circumference, and the middle of the left thigh ten inches in circumference.

The right leg is apparently longer than the left; but this is due to the fact that the right side of the pelvis is lower than the left, as I found that the left limb was one fourth of an inch longer than the right. The left foot was also the larger.

With this marked atrophy the child walked with comparative facility, although her movements were somewhat awkward and hindered. The gluteal muscles and external rotators had partially escaped atrophy. The fundus oculi was normal. The knee and foot reflexes were almost extinct. Sensations were transmitted with little retardation. Hyperesthesia was present over the anterior and lower part of the thigh. Sensations of heat and cold were apparently normally transmitted. The surface temperature of the right limb was ninety-five degrees Fahrenheit. I have seen cases where the difference was as much as eight degrees Fahrenheit between the two extremities.

The patient was first attacked in June, 1882, when she was about two and a half years of age. Shortly before the patient was seized with this disease, her ears became affected and she had a discharge from them. This was probably due to an otitis media, as there is a perforation of the membrani tympani (dextra) in its anterior and lower segment. The child also had a conjunctivitis

and an herpetic eruption on its skin about the same time, so that it was quite evidently scrofulous. There is no evidence that either mother or father have had a specific disease.

On a Friday night in June, 1882, the child had fever, and on the next day (Saturday) the mother noticed that the child was lame. On the following Monday the child was taken to the family doctor and the diagnosis of "hip-joint disease" was made. He ordered cold baths, the application of blisters, and advised friction and poultices in addition to internal medication, the nature of which I could not learn. It is needless to say she did not improve under such treatment.

After four or five months the doctor either concluded he had made an error of diagnosis or in treatment, and gave the patient's mother a battery. It was used in a very faulty manner, still the patient began immediately to improve. The battery was used till the middle of January, 1883, when the mother became frightened at some real or imaginary symptoms of the child, and left it off permanently.

In September, 1883, the mother took the child to a doctor in Chicago, who failed to make a diagnosis, and did not give her any proper advice. He gave her for internal use the following prescription:

℞ Potass. iod., ... gr. viij;
Syrupi sarsap. c., ... ℥ ij.
M. et fiat sol. Sig: A teaspoonful three times a day.

and

℞ Ung. ox. zinci, ... ℥ ss;
Acidi carbol., ... grs. ij.
M. et ft. ung. Apply as directed.

The last was for some form of skin eruption.

This case derives its chief interest from the inexcusable delay in diagnosis and treatment. It demonstrates the value of electricity, even when applied late, in these cases.

I remember to have seen, when I was a student in the *Universitat zŭ München*, a case where, in consequence of the great atrophy of the muscles of both inferior extremities from poliomyelitis, the patient had been for nearly seventeen years unable to walk without crutches, and only with great difficulty with them, yet under the influence of the constant current of electricity and thorough massage there was such great improvement that the crutches were laid aside and the muscles developed considerably.

It is difficult to say early in the history of these cases how much improvement is due to the spontaneous tendency to recover and how much is to be attributed to our treatment. After many months have elapsed, however, and no improvement has taken place, and if, when brought under appropriate treatment, these cases begin steadily to improve under the weak constant current, massage, and systematic gymnastics, I think we may justly attribute the improvement to our treatment. I remember to have seen several cases which leave in my mind no doubt of the truth of my statement.

So far as my limited experience goes, mechanical orthopedic treatment is only of value where there is great deformity. In most cases it is positively harmful. The traces of the disease are seldom or never completly obliterated, yet I am firmly convinced that treatment is often of great value. My advice, in the case I am now reporting, was the weak constant current.

SPENCER, INDIANA.

Miscellany.

BEEF PEPTONOIDS.—Prof. John Attfield, of London, in his report of a recent analysis of this preparation says:

The manufacturers of "Beef Peptonoids" state that this food is composed of dry lean of beef, one third; the solids of milk, minus most of the fat, one third; the gluten of wheat, one third; the beef being partially digested or "peptonized." My analysis fully supports this statement, for I find present between sixty-nine and seventy per cent of albuminoids, that is, flesh-forming material (nitrogen 10.94); more than twenty per cent of warmth-producing substance, nearly half of which is milk-sugar, and rather more than half fat; three per cent of bone-forming phosphates; about two per cent of other normal mineral matter, and about five per cent of moisture.

It is by far the most nutritious and concentrated food I have ever met with—indeed, a palatable and assimilable and in every way acceptable article of food, containing nearly seventy per cent of truly nutritive nitrogenous material partially peptonized; has never before, to my knowledge, been offered to the medical profession or to the public.

Dr. Stutzer, Director of the Imperial Agricultural Chemical Laboratory for Rhenish Prussia, Bonn, Germany, says:

The exceptionally high nutritive value of this preparation is due to the great quantity of digestible albuminoids present. If compared with other foods in the market, the result would be as follows:

Beef Peptonoids,	nitrogenous nutritive matter,			70.29
Caviar,	"	"	"	26.00
Beef,	"	"	"	20.00

Fowl, ...	nitrogenous	nutritive	matter,	18.00
Mutton,	"	"	"	18.00
Eggs,	"	"	"	13.00
Bread,	"	"	"	8.00
Milk,	"	"	"	4.00
Liebig's Ex. Meat,	"	"	"	5.00
Potatoes,	"	"	"	1.00

The flavor and odor of the preparation are exceedingly pleasant, and surpass any other preparation of meat with which I am acquainted. The results of my analyses are such as to enable me to pronounce beef peptonoids to be a *most valuable* and *easily digested* nitrogenous food for invalids and convalescents. I extend to it my fullest indorsement.

The following, from the eminent Prof. Bell, is but one of many clinical observations showing results which attest the statements of the chemists as to the richness of the compound in highly nutritive and readily assimilable food:

Among the many claimants to a distinguished rank in the remedial measures I do not know any entitled to a higher rank than the preparation made by Reed & Carnrick, which they call beef peptonoids. For disorders of appetite, for derangements of digestion and debilitated conditions of the stomach, not dependent upon organic disease, I do not know its equal. I have used it in many bad cases of disorder of the stomach, and in no instance has it disappointed me. It constitutes food already digested; consequently it imposes no labor on the stomach. I easily call to memory a case in which there was an utter loathing of food, and a deplorable insomnia. Five teaspoonfuls of the beef peptones were taken every two hours. It was given alone, and in the course of three days every bad symptom disappeared, and the patient was speedily restored to a very hopeful convalescence and has continued to improve. The case was my own, and to it I am indebted for recovery. I commend this article to my brother practitioners in cases similar to the one I have described, and I know of many similar cases in which the relief was speedy and well marked and well sustained.

In addition to the very valuable powdered beef-peptonoids prepared by Reed & Carnrick, they make two liquid beef-peptonoids that are invaluable, which I have used with marked benefit. Indeed I do not know how I could have reached a secure convalescence without their aid. One of the liquid preparations is concentrated beef and milk with gluten perfectly digested. The other liquid is concentrated beef and milk with gluten perfectly digested, in combination with pyrophosphate of iron with best sherry wine. From this field of power, the intelligent practitioner can make his selection, under the full assurance that excellent results will attend his selection. If there is much flatulence, thirty grains of sulpho-carbolate of sodium, taken after eating, will be found of great service. T. S. BELL, M. D.

THE CONNECTION BETWEEN ECZEMA AND AN AFFECTION RESEMBLING ECZEMA OF THE NIPPLE AND A MALIGNANT DISEASE OF THE BREAST.—Dr. Walter F. Atlee, in the American Journal of the Medical Sciences, calls attention to the diagnosis of Paget's disease of the nipple, and claims that Nélaton described the affection some twenty years prior to the appearance of Sir James Paget's paper on the subject.

D. W. YANDELL *v.* THE LOUISVILLE MEDICAL COLLEGE.—The following verdict appeared as a supplement in the May issue of the American Practitioner:

SECOND CONVICTION

BEFORE THE BAR OF PROFESSIONAL OPINION.

DR. DAVID W. YANDELL	Prosecution for Shameful and Unprofessional Conduct.
AGAINST	
THE LOUISVILLE MEDICAL COLLEGE.	

THE VERDICT OF THE MEDICAL PROFESSION.

SPECIAL FINDINGS in the case as given in representative journals of American Medicine, from Boston to San Francisco, from Detroit to New Orleans, and from North Carolina to Texas, concerning the character and practices of the Louisville Medical College, pronouncing thus:

1. **"Character that would disgrace any respectable school." "Scandalous conduct." "Disgraceful practices."**
2. **"Practices that would degrade a lightning-rod peddler."**
3. **"Shocking prostitution."**
4. **"No board of health can consistently RECOGNIZE THEIR DIPLOMA."**
5. **"Degrading and disgraceful practices." "Degrading both the teachers and the students." "The thanks of the profession are due Dr. Yandell for the performance of this unpleasant duty."**
6. **"Flagrant violation of propriety." "Infamous, and can not be too severely denounced."**
7. **"The profession of Louisville and of Kentucky owe it to themselves as well as to the profession abroad to take immediate steps to suppress or abolish it." "This blot upon our educational institutions."**

THE UNANIMOUS VERDICT:

GUILTY.

LOUISVILLE MEDICAL COLLEGE.—The Louisville Medical College is a most irregular regular school. The means taken by it to get students are no better than the tricks of Buchanan. Its graduates are refused licenses by several Examining Boards, and will be refused by all as soon as the character of the school shall have been fully exposed.—*Pacific Medical and Surgical Journal.*

The February issue of the American Practitioner contains an article by Dr. David W. Yandell, to

which those who are interested in maintaining any professional or educational medical standard in this country are particularly referred. The practice there exposed, if truthfully reported—and we see no reason to doubt it—makes, at this distance, very unpleasant reading, and in Louisville itself can hardly result otherwise than in degrading both the teachers and the students directly concerned in them.—*Boston Medical and Surgical Journal.*

Dr. David W. Yandell, in a supplement to the Practitioner, makes a reply to the circular and newspaper article recently issued by the Louisville Medical College. It makes a bad showing for the latter institution. Still, it seemed to us that the faculty circular and newspaper article more certainly condemn the Louisville Medical College than even this paper of Yandell.—*Detroit Lancet.*

Dr. Yandell no doubt has inflicted heavy damage on the school by the convincing and detailed *exposé* which he makes of certain irregular and even disgraceful practices which were apparently indulged in by the "College" men in order to secure large patronage.—*N. O. Medical and Surgical Journal.*

We had not suspected such shocking prostitution of the powers of a college as has been shown by Dr. D. W. Yandell to have been practiced by the Louisville Medical College. Dr. Yandell deserves the thanks of the profession for taking such a fearless stand against these gross abuses.—*N. C. Medical Journal.*

We had looked to see the Louisville Medical College, whose honor and future welfare, and, indeed, whose existence are all involved in these grave charges, and which depend upon their successful refutation, at once enter a prompt denial, or, at least, a quick repudiation of their author, and to at once sever his connection with their school. Indeed, it seems to us that there was no other course open to them, if they would save the honor and integrity of their school. The profession of medicine throughout the United States was at first shocked, surprised, and then indignant. They have waited with 'bated breath the issue, indulging still the hope that it may not be so bad as painted. But, instead of a denial or a disclaimer, or any repudiation of the author of those letters, the officers of the school have sent out a unique circular, a kind of nondescript document, folded in the Louisville Courier (a secular paper), which begs the entire question. If it is any thing, it is a *tacit acknowledgement* of the *authorship of the letters*, and a faint attempt at *vindication* of the course on the ground that *other schools had cut under on the established rates!* In this circular the writer attempts to divert attention from themselves by a feeble effort at ridicule of the Faculty of the University. It is a shameful subterfuge, and without point. It is the most spiteful yet impotent production we have ever seen emanating from so respectable a source. There is in it an attempt to ridicule a certain distinguished dermatologist, who is supposed to be the leading spirit in the recent exposition of the "ways which are dark and tricks that are vain," as exemplified by those famous (or shall we say infamous?) letters. These gentlemen will find that the disease of which they are accused is more than *skin deep*, and the surgeon, not the dermatologist, must deal with it; and that Dr. Rauch, who has officiated in that capacity more than once, and has lopped off several diseased members, will be called upon to amputate the Louisville limb from the corporate body of medical colleges. This will be the inevitable fate of the college unless they can make a better defense than they have done in this weak circular. It must be. The profession and the people will demand it. They will arise in their wrath and demand the revokal of their charter; for if such practices, which should bring the hot blood of shame to the flinty cheek of a Buchanan, be not rebuked, frowned down, repudiated, spurned with contempt, for by such not only is disgrace brought upon themselves, but upon the whole of the present generation, and upon the very fair name of Medicine—and the perpetrators should be made to feel the contempt and just indignation of an outraged constituency.

We wish it were otherwise, but really there appears to us no way by which the Louisville Medical College can escape conviction on these grave charges; and conviction means death to their career as a medical school, for surely no board of health *can* consistently, hereafter, recognize their diploma unless they can disprove the whole affair; an impossibility, apparently. We must say we admire the calm, dignified, and gentlemanly manner in which Professor Yandell handles the subject; the patience he has shown under great provocation; the fact that he, while skinning the school as a corporation, is considerate to a fault of the gentlemen composing the faculty. He says he is "dealing with measures, not men."—*The Texas Courier-Record of Medicine.*

Practices which would degrade a lightning-rod peddler, or a runner for the bath-houses and quacks of Hot Springs.—*Alienist and Neurologist*, St. Louis.

The Louisville Medical College has relapsed into its old tricks. This school—which must not be confounded with the University of Louisville—was convicted some years since of drumming up students by means of so-called beneficiary scholarships. After a thorough exposure the college promised to give up the reprehensible practice, and as an evidence of reformation joined the Association of Medical Colleges. But it appears that under the guise of virtue it has continued its career of prostitution. A recent issue of the American Practitioner contains a supplement by Dr. David W. Yandell, of Louisville, in which he again convicts the before-mentioned institution of its former scandalous conduct. The evidence produced by Dr. Yandell is so convincing as to leave no doubt that the individual members of the Faculty of the Louisville Medical College have been writing to medical students in various States, soliciting them to attend that school, and offering tuition at a greatly reduced rate under the very thin disguise of beneficiary scholarships. The letters published by Dr. Yandell—and he states he has more of them from the same sources—are of a character which would disgrace any respectable school; they are filled with vainglorious boasts, puffs of the Louisville concern, and insinuations as to the worthlessness of rival colleges: It is to be hoped that this *exposé* will be effective in either suppressing the Louisville Medical College, or forcing it to alter its course.—*The Weekly Medical Review*, Chicago and St. Louis.

The Louisville Medical College, both by official and private letters, has been proven to have offered great reductions in fees to prospective students, as well as to have used decidedly irregular methods of securing students. These charges seem to have been substantiated beyond question, and from the reply filed by the defendant we are still more convinced of the truth of the charges. There are some denials which are virtual confessions, and this seems to be one of that class. The Louisville Medical College, instead of denying and proving that the offensive letters were not indited by its officers and faculty, rather turn their attention to a personal skirmish with Prof. D. W. Yandell, who is the self-constituted champion of the University. The Louisville Medical College also endeavors to lay the charges to a mere jealousy on the part of its opponent, in that the former has the larger classes. If the charges as made against the Louisville Medical College are true, it is censurable in the highest degree. If so, the medical profession and students of the country are deeply indebted to Professor Yandell for the exposure of such infamous practices. If not so, the Louisville Medical College should prove their falsity and cease the personal warfare which it is waging at present. No one is more injured by personal journalism than the author thereof, and malicious flings at a spotless character but redound to the benefit of the person assailed.—*St. Joseph Medical Herald.*

This practice of giving large discounts off the published fees is infamous and can not be too severely denounced. It is an encouraging sign to see the general condemnation which the Louisville Medical College is having meted out to it.—*The Medical Age.*

The Medical Herald, of Louisville, Ky., has passed into the control of the Louisville Medical College. This is the college whose contemptible bidding for students was exposed by Dr. Reeves, of West Virginia, in his address at Detroit. In its mud-flinging at rivals and laudation of its own school, this journal, under the new *regime*, indicates that its mistress is no better than she has been painted. Louisville is to be pitied.—*Columbus Medical Journal.*

For some months past, we have been receiving circulars and newspapers containing most disparaging comments on the Faculty of the University of Louisville, apparently emanating from parties connected with the Louisville Medical College. On the other hand, our attention has been recently called to a supplementary paper in the February number of the American Practitioner, written by Dr. D. W. Yandell, Professor of Surgery and of Clinical Surgery in the University of Louisville, in which he shows most clearly that from the Faculty of the Louisville Medical College has come the numerous letters to students in all parts of the country directly soliciting their attendance in that institution at half the published rate of charges, under the pretense of issuing "beneficiary scholarships," etc., some of which have attracted the attention and been commented upon by the Secretaries of the West Virginia and Illinois State Boards of Health. The letters, given in full by Dr. Yandell, with names and dates, are sufficient to show that the Louisville Medical College during the last year has been reviving the disgraceful practices so freely indulged in former years, by what was known as the double-head Louisville-Kentucky School of Medicine. How men of education, and sometimes of rare talents, can allow themselves to pursue policies and indulge in practices, in the name of a medical college, which they would instinctively shrink from as disgraceful in their individual professional capacity is a mystery to us.—*Journal of the American Medical Association.*

Documents are published showing that this institution began last summer systematically to canvass for students, offering to many a reduction in the advertised price of tuition. Such practices are certainly not reputable, and in the end must hurt the reputation and standing of the college which indulges in them. Institutions for medical instruction which have to beg and underbid for students, or lobby for free scholarships, have survived their usefulness. We can only urge it upon the medical profession that they lend countenance and support only to such institutions as show themselves conscious of the dignity of the profession and of the deep responsibilities that fall upon medical teachers at the present time.—*The Medical Record.*

The *exposé* by Dr. David W. Yandell, in the February issue of the American Practitioner, of the recent proceedings of the Louisville Medical College is, to say the least, humiliating to those who had commenced to hope that the profession in America was becoming more elevated in tone as it was growing in intelligence. Judging from the practices of some of the professors of this "foremost school in the country," before and after their connection with it, it would seem that association with some medical colleges, at least, is as demoralizing as horse-trading. We have ourselves seen one of the letters offering to take students on the so-called "beneficiary"-reduction-rate basis which have been published by Dr. Yandell. It was sent to a student of medicine, and offered largely reduced rates, and urged the claims of the Louisville Medical College and of Louisville, "the medical center of the South and West, the healthiest large city in America; beyond the reach of yellow fever," etc. We sincerely trust that some efficient remedy for such degrading and disgraceful practices, "hurtful to the best interests of medical teaching, medical men, and medical students," shall be speedily discovered. Till then, the best that can be done is to expose such practices to public gaze and public scorn, and the thanks of the profession are due Dr. Yandell for the fearless performance of this unpleasant duty.—*Medical News*, Philadelphia.

While we do not share the alarm with which many look upon the increase of the medical body, it can not be questioned that to stimulate this increase, and especially by devices which are in themselves debasing, should be opposed with all the force at the command of the profession. From this point of view, it seems to us, medical men all over the country should feel under obligations to Dr. David W. Yandell, of Louisville, for his vigorous denunciation of the practice of soliciting the young men to become students of medicine as beneficiaries. The beneficiary system is open, we think, to very grave objections at best. The practice of medicine is getting to be more and more a calling in which something beyond nat-

ural aptitude and reasonable educational qualification is needed to make the prospect of material success at all inviting—in one form or another capital is growing to be an element in the conditions that conduce to success. To lure young men, then, into a career in which they will almost necessarily find themselves handicapped from the start is what this solicitation of beneficiary students amounts to. From the statements made in Dr. Yandell's article (a signed supplement to the February number of the American Practitioner), the conclusion seems unavoidable that at least one of our colleges is in the habit of exceeding the utmost stretch of decency in the matter of beneficiaries. The devices resorted to, as given by Dr. Yandell, in the form of letters from various members of the Faculty to young men of whose intention of studying medicine they seem to have become aware casually, if not as the result of something quite akin to the emigrant-runner's modes of canvassing, we do not hesitate to say are nothing short of disgraceful. Fortunately, so flagrant a violation of propriety will undoubtedly work its own cure—whether to the confusion of the offending college or to a change in its policy, is a question of small moment.—*New York Medical Journal.*

Prof. Hooper, ex-Vice-President of the American Medical Association, President of the Medical Department of Arkansas Industrial University, writes:

The evidence you have given in your paper about the flagrant conduct of the Louisville Medical College has been known to the profession in Kentucky and abroad for a long time, and why the thing has not been boldly denounced by the medical men of your State is a mystery to many of our friends. Why does your State Medical Society remain so silent over such a crying evil? If such a concern as that is represented to be had an existence in Arkansas, the profession throughout the State would rise up as one man in denunciation and disapprobation of such unblushing and infamous conduct. If the charges that have been made about that institution are true (and I have seen nothing to controvert them), the profession of Louisville and of Kentucky owe it to themselves, as well as to the profession abroad, to take immediate steps to suppress or abolish it. This unpleasant duty of exposing, for the purpose of suppressing such nuisances or abuses, should not be allowed to devolve on one man or a certain number of men, but the whole profession in the localities where these things abound should unite for the common good in an earnest effort to wipe out or efface this blot upon our educational institutions.

P. O. HOOPER.

LITTLE ROCK, ARK.

W. F. Westmoreland, M. D., Professor of Surgery in Atlanta Medical College, Dean of the Faculty, former Editor of Atlanta Medical Journal, writes:

Dr. D. W. Yandell:

I have just read your article showing up your *world-renowned canvassers*. We know something of the Louisville Medical College down this way. Our secretary received a number of letters last fall from students to whom they were sent. Just which Professor or Assistant has this State, I do not now recollect; but from the number sent us by students in Alabama, Georgia, and South Carolina, I should judge that the Professor or Assistant or whoever was "delegated" this territory did his duty well. I asked our secretary to send them to you.

And the Louisville Medical College has in good earnest returned to her dirty and disgusting tricks. They must throw off the cloak of respectability and go "whole hog" into money-making by diploma vending

W. F. WESTMORELAND.

ATLANTA, GA., March, 1884.

The Medical Association of Alabama, at its meeting in April, struck the Louisville Medical College off the list of REPUTABLE MEDICAL COLLEGES.

DETERMINATION OF SEX.—A correspondent of the Lancet, signing himself Sigma, makes the following curious observation:

There can be no doubt that females, both of man and other animals, having only one ovary are capable of producing both male and female offspring, but it is very doubtful whether the female ever produces any other than a female germ. It is highly probable that the male furnishes the male germ and the female the female germ. This is rendered likely by the consideration of the impossibility of the female providing from her own economy the male peculiarities and the male supplying the female characteristics, especially in those animals in which the masculine and feminine differences are well marked. The female supplies probably germs like herself, but provided with a fund of nourishment, while the male furnishes germs with ciliæ or locomotive apparatus for enabling them to make their way to the female production. When once combined they resemble what is so general in vegetation and early forms of animal life, an organism composed of male and female elements. The termination of the sex is the result of the survival of the fittest, the most fit ultimately obtaining the complete mastery, but not to the entire exclusion of the weaker elements. The above considerations have an important practical bearing on the question of the determination of sex.

THE PRESENCE OF ANTIMONY IN CLOTHING.—The *Centralblatt für Textil Industrie* records the fact that antimony is to be found in cotton yarn which has been dyed with aniline colors, and remarks that unless great care has been taken in the cleansing of the yarn, it is possible for such a quantity to remain as to be injurious to the skin. Ex-

periments made on different classes of yarn produced results varying according to the nature of the dyeing substance. The samples in which hot water acted as a dissolvent showed only a small proportion of antimony, the highest proportion found being 0.014 per cent. The porportions of antimony which were soluble in muriatic acid varied from 0.036 to 0.31 per cent of the weight of the yarn. Of course, practically speaking, only the portion soluble in water comes under consideration, but as a pair of long cotton stockings weighs about two to two and a half ounces, the antimony would represent an appreciable though minute quantity, the effect of which is a question, it is remarked, for medical experts to decide.

The "Drink" Taint.—It can not be questioned that the craving for alcoholic stimulants may, like every other appetite, inclination, or propensity, be transmitted. This follows upon the fact that all that is mental or moral in man is based upon and rises out of his organic constitution. If certain educated or conformed brain-cells are reproduced in obedience to the law which makes every living thing bring forth seed "in its kind," it is a necessity that the child shall in its morals, as well as physically, resemble its parent, and that it should physically consist of the combined result of its two lines of parentage. This is the physiological argument for the reformation of criminals and drunkards. If we desire to improve the race, we must cut off the line of the incurably bad, and repress the evil as well as cultivate the good in those who are allowed to procreate.—*Lancet.*

Treatment of Burns and Scalds.—C. F. Naismith, L.R.C.P., Edin., writes, in the Lancet: Having had considerable experience in the treatment of burns and scalds among engineers, firemen, and children, I send you a simple and, as all the sufferers have maintained, efficacious method of cure. At first I used the soda solution, followed by carron oil, but soon abandoned them as unsatisfactory. The former owes its reputation to the cold water, and not to any soothing property in the soda. My invariable practice, however extensive the scald, has been to place the injured member in ice-cold water, keeping it there till all pain has disappeared—say in from two to four hours, or even longer. The water heats rapidly, and must be kept cold either by ice or constantly renewing. As long as the scalded part is kept under the water (provided it is cold enough) no pain is complained of, and symptoms of shock are much lessened. When the limb will bear removal from the water without pain, I lay on thickly lead acetate and resin ointment (one dram to one ounce), and envelop in cotton wadding. I have used this ointment also in erysipelas with the best results, all symptoms of inflammation rapidly disappearing. Should severe suppuration occur, instead of the lead acetate a few drops of creasote may be added to the resin ointment, as recommended by Druitt. By this treatement pain and shock are reduced to a minimum, opiates are seldom required, and danger to life is greatly averted.

Pathology and Clinical Significance of Albuminuria.—Before the Glasgow Pathological and Clinical Society, March 11th, Dr. Middleton, Glasgow (Lancet), recorded his experience of the occurrence of albuminuria in the continued fevers, as observed while resident in a fever hospital some years ago. The conclusions he arrived at were, that albuminuria occurs in over eighty-five per cent of the cases of enteric and typhus; that it occurs early in both fevers, from about the end of the first week onward, lasting generally till convalescence is thoroughly established; that abundance of albumen indicates a severe case, but severe cases are not necessarily associated with abundance of albumen; that tube-casts, hyaline, epithelial, granular, and bloody, are frequently present, and when abundant indicate a severe case, especially in enteric; and that albuminuria is probably more common in the febrile stage of typhus and enteric than in that stage of scarlet fever.

Digitalis in Dropsy from Heart Failure.—In the Canada Medical and Surgical Journal for January, 1884, Dr. Ross reports two cases of dropsy from heart failure, which show, in an unmistakable manner, the value of digitalis in the treatment. In one of the cases the patient was relieved on three different occasions from impending danger by timely doses of tincture of digitalis, in from five- to ten-minim doses. In the other case, one dram of the infusion of digitalis, combined with fifteen grains of bitartrate of potash and ten minims of spirits of chloroform, were administered with excellent results. The infusion of digitalis, freshly prepared, is preferred by many to any other form in such cases as the above mentioned.—*Canada Lancet.*

The Louisville Medical News.

Vol. XVII. SATURDAY, MAY 24, 1884. No. 21

H. A. COTTELL, M. D., - - - - - - - - Editor.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editor is not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITOR OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

A DISAPPOINTED REFORMER.

A ridiculous incident jarred upon the harmony of the closing exercises at the last general session of the American Medical Association. The president elect, having been conducted to the chair, was formally introduced by the retiring President. The Galen of American medicine, grown old in years and in honors, had just said perhaps the last word he would ever say before the Association, and Dr. Campbell, bearing his newly acquired honors modestly, had just poured out of his full heart words strong and fit. The emotions of the audience were at high-tide, the balm of good fellowship had soothed whatever irritation of spirit might have survived the heat of previous controversy, and every man was ready to leave the assembly in good humor with himself and all mankind, when a member popped up with a resolution which stated that, "as many members of the Association were infidels, free-thinkers, etc., the custom of opening the sessions of the annual meeting with prayer was an imposition, and that therefore it be abolished."

"I move that the resolution be laid on the table," promptly shouted a delegate. The vote was put and passed without a dissenting voice. "Let us pray," would at this juncture have been most appropriate, but no one seems to have had the courage to propose or make the prayer. It is probable that the author of this episode went home from Washington reflecting that, "though fallen on evil days and evil tongues," he was not, like the old blind poet, "an age too late," but rather an age too early for the carrying out of his great schemes of reform; that his ardor had been dampened and his aspirations flattened under the weight of a body of priest-ridden and creed-pinched fanatics, who sat down upon the resolution and sent the resolver back to his fellow reformers with but "joyless triumphals of his hoped success."

We must admit that the prospects for reform in this direction are not very promising, and that possibly for some years to come the reformer and his fellow "infidels, free-thinkers," etc., will have to face a gloomy alternative: Either they must hear a prayer once in twelve months or miss the privilege of presence at the opening of each annual meeting of the Association.

PROF. D. W. YANDELL AND THE LOUISVILLE MEDICAL COLLEGE.

The Medical News was the first periodical that called public attention to the extraordinary efforts of the "Louisville Medical College" to gather medical students by a lavish use of the so-called "beneficiary system," and it seems right and proper that we shall record the verdict of the medical public on the subject. This verdict is in response to the remarkable paper of Professor David W. Yandell on the questions at issue.

We know of nothing in Professor Yandell's long professional career that has done him more credit. He managed his case skillfully, tastefully, and very creditably. There was not a harsh expression in the whole of his rejoinder. He stood entirely aloof from all such methods. His rejoinder reminded us of the beautiful response made by Pelletier to the grumblings of old man Sequin,

who growled because Pelletier had succeeded in making sulphate of quinine, in which Sequin, after much labor, had failed. Pelletier showed that he was not only an able chemist, but possessed all the graces of a gentleman. Another similar case was that shown in the controversy between the accomplished Scott Alison and the erudite John Hughes Bennet upon the subject of blood-letting in pneumonia. Neither of these renowned men had any reason to be ashamed of his work. When Professor D. W. Yandell stands as a worthy companion with such men as Pelletier, Scott Alison, and John Hughes Bennet, he has full reason to be proud of his position. He has commanded the approval of his medical brethren throughout the Union. He worked in the very spirit so beautifully portrayed by Addison:

"'Tis not in mortals to command success,
But we'll do more, Sempronius; we'll deserve it."

We submit in its fullness this comprehensive, clear, unmistakable verdict. It fully sustains Professor David W. Yandell in the course he took in this important feature of medical integrity and honor.

Medical Societies.

PHILADELPHIA CLINICAL SOCIETY.

Stated meeting April 25, 1884. The President, Dr. Henry Beates, jr. in the chair. Dr. Hannah T. Croasdale reported a case of

Vesico-Vaginal Fistula with Inverted Bladder. The record which is brought to your notice this evening is that of a case which is, perhaps, of more than ordinary interest from two circumstances: first, from the enormous size of the opening in the septum, and secondly from the fact that from the orifice a bright round body protruded, which was discovered to be the bladder inverted.

The patient, Mrs. F., aged forty-seven, was admitted to the Woman's Hospital Oct. 11, 1881. She was married at the age of twenty-five, and had one child, still-born. The labor was instrumental, and incontinence of urine occurred soon after it, thirty years ago. For this trouble and great discomfort the woman never sought relief, and speaks only of her present suffering having begun one year before admission. This suffering had been so intense that she had been obliged to keep her bed for that length of time. The journey from her home had been made on a bed. Her appearance was deplorable. She had constant pain in the lower part of the abdomen, bowels were constipated, appetite poor, face anxious, and she was constantly distressed lest the bed or her clothing be moved and thereby her suffering be increased. It seemed almost hopeless to expect to do any thing for the poor woman's relief, so disturbed was her health from her desperate condition.

Nausea and vomiting were almost constantly present. Her pulse on the day following that of her admission was 65, temperature 99°, and respiration 26. The quantity of urine in twenty-four hours could not be ascertained. The color was pale yellow, sp. gr. 1.002, reaction alkaline, and there was a trace of albumen.

After ineffectual attempts she was finally etherized and thoroughly examined October 29th. The tumor which was so exquisitely sensitive was the inverted bladder, and the exposed mucous membrane was greatly inflamed and bled readily on being touched. The openings into both ureters could be distinctly seen. The mass was grasped and by gentle taxis was reduced, and retained by the slight support afforded by one of Skene's glass stylets made to pass through the urethra with the distal extremity resting upon the upper edge of the fistulous opening. A vaginal glass plug was introduced into the vagina to aid in supporting the bladder. The inflamed condition of the parts forbade any further procedure at this time.

On the 30th of November she was again etherized and placed in the lithotomy position, and the edge of the fistula, which was about five centimeters in diameter, was carefully pared, beveled from the vesical margin, giving a broad surface on the vaginal septum, and twelve sutures of silver wire introduced. It was necessary before closing the fistula to liberate adhesive bands at either angle, and then the margins of the opening were closed by the sutures and secured by perforated shot. A self-retaining catheter was introduced, to which was attached a piece of rubber tubing for conveying the urine to the urinal. The patient

was then placed in bed and one sixth grain morph. sulph. given hypodermatically, and was ordered lime-water and milk every two hours.

The following day, December 2d, there was much vesical tenesmus, which gradually subsided, and nothing especially worthy of note occurred until December 7th, when the sutures were removed. Union was not perfect at either angle, and in the center there was a small orifice which admitted the passage of urine.

January 6th the patient was again etherized, the edges of the three minute openings freshened, and five silver-wire sutures introduced. The central and right openings promptly closed after this second operation, but the left, just at the site of the ureter, admitted the passage of a Snelling's probe.

Then, January 20th, February 3d, and March 28th I operated, hoping to close this minute orifice which still remained, and which still allowed of the passage of urine when the bladder was filled. Not one of these efforts was followed by any better success. These attempts were always made with a probe carried through the urethra into the opening in the ureter in order to prevent wounding or closing the latter.

It was now thought best to send the patient home and encourage her coming again in the autumn, as her stay had already been much prolonged beyond the usual time for keeping patients in the hospital, and she was discharged May 8, 1882, quite content on her part with the results of the many operations, six in all. After several months, however, the urine ceased to pass through this opening, probably from the contraction of cicatricial tissue.

I find many contributions to the surgical literature for the relief of vesico-vaginal fistula, but nowhere have I found any record of a case of an inverted bladder through the fistulous orifice.

Selections.

Diabetic Neuralgia.—The symptoms of this form of neuralgia, which M. Cornillon (*Revue de Médecine*) would have us to accept as a distinct malady, are much as follows: The onset is sudden, the patient being seized either during the night or on waking with the pain, which may be continuous, may be boring, lancinating, or lightning-like, and is liable to paroxysmal exacerbations. It does not usually come on till the disease is well established. The early morning, the evening, and just after meals are the favorite times for an attack. The pain may be in the muscles and bones, as well as in the nerves. Pressure along the course of the nerves usually exaggerates the suffering. A very marked feature of the affection is its symmetry, which tends to be very exact, though it generally appears on one side first. Of course every neuralgia occurring in a diabetic is not necessarily to be regarded as having a causal relationship with the glycosuria; the points on which we should lay stress in diagnosis being the spontaneous character of the pain, its extreme severity, its abiding nature, and its symmetry. As to the pathogeny of the affection, M. Cornillon considers that the available evidence points to some close association between it and the uric acid diathesis, a connection supported by the fact that, as in gouty neuralgia, the sciatic nerve is the favorite seat of the disease. He believes that the central nervous system (spinal cord) is at fault, but what the exact lesion is he does not surmise. Strict attention to diet and akalalies generally suffice to effect a cure.—*Medical Times.*

Emphysema during Labor.—J. S. Benson, M. R. C. S. C., reports the following remarkable case in the Canada Lancet for April: On the 26th of February I was summoned to attend Mrs. D., aged twenty-one, in her first confinement. On arriving, I found the pains recurring about every fifteen minutes and expulsive in character. The os was the size of a dollar and head presenting in the first position. Labor progressed favorably during the subsequent hour and a half, when I observed my patient's face very much swollen, the swelling appearing suddenly. The child's head at this time, twenty minutes before delivery, was forcing my hand on the perineum and required my undivided attention. I merely ordered the neck-band of the night-dress loosened, and immediately after the child was born I examined the patient and found the following condition: The swelling extended from the anterior border of the trapezius muscle on one side to the same position on the opposite, causing the neck to be nearly even with the chin, and vertically from both malar bones downward to a level with the third or fourth ribs. The skin was normal in appearance, swallowing and

breathing were performed with ease, the patient was cheerful and exceptionally well in every respect. On applying my fingers to the swelling, I could feel the peculiar crackling sensation characteristic of emphysema. In fact the patient could distinctly hear it when moving her jaws. This crackling sensation could be distinctly felt over the entire surface of the swelling, but more especially evident in front of the neck, on both sides of the larynx and trachea. I left the case entirely to nature, ordering no special treatment.

On the 27th I visited my patient and found her in about the same state. She had slept well all night, had an excellent appetite, and was very comfortable; the swelling had slightly diminished. This is the first time, in an obstetric experience of nearly two thousand cases, that I had seen a case of the kind. There is no doubt that the air became extravasated into the cellular tissue during the straining of the patient in order to assist nature, although the straining did not appear more than usual, in fact not nearly so severe as I have seen.

I think the case is of sufficient importance to enable us to see in it another *danger of advising patients to strain and hold their breath in order to accelerate delivery*, a custom very commonly adopted by midwives and nurses, and one that can not be too strongly condemned. In all ordinary cases nature asks for all necessary aid by causing involuntary muscular action, rendering voluntary action not only unnecessary but dangerous.

Dr. Clement Godson, at a late meeting of the Medical Society of London (Lancet), read a paper on the Retroversion of the Gravid Uterus, in which he reviewed the early literature on the subject. He pointed out that it had been referred to by Ætius Adimenus in 1535, and by various writers in the eighteenth century. He dwelt especially on the classical paper of Dr. William Hunter, read before the Medical Society in 1770. Dr. Godson stated that the primary cause of the condition was the occurrence of pregnancy in a uterus prolapsed and retroverted in a capacious pelvis with a narrow brim. The signs and symptoms which were of special diagnostic importance were thoroughly considered. He related a case of extra-uterine fetation which had been mistaken for retroversion of the gravid uterus. The several proposals for treatment which had been suggested were mentioned, and Dr. Godson strongly recommended that the uterus should not be left to rectify itself, but that immediate reposition should be attempted. The means to be used to carry out this treatment were given in detail. Polyuria following the original distension of the bladder was illustrated by the notes of a case, and two specimens of mucous membrane of the bladder exfoliated after cystitis were shown. The author concluded by pointing out that where death occurred it was almost invariably from exhaustion associated with blood poisoning, or from urinemia, and not from peritonitis.

Bichromate of Potass. as an Antisyphilitic has for partisan in Saxony Dr. Güntz, and in France Prof. Vulpian. The former employs it in solution charged with carbonic gas, as follows:

Bichromate of potass.,	⅔ gr.;
Nitrate of potass.,	2 grs.;
Nitrate of soda,	2 grs.;
Chloride of sodium,	4 grs.;
Water charged with gas,	℥ xx.

M. Vulpian also recommends it in dyspepsia depending on a catarrhal affection of the stomach simulating carcinoma of that organ. He prefers it in the form of pills:

Bichromate of potass.,	1 gr.;
Extract of valerian,	10 grs.

Divide into five pills. One, two, or three in a day.

It will be remembered that it was Prof. Vulpian who attended the late Count de Chambord, and having recognized the disease as catarrh of the stomach, prescribed these pills, but, it must be added, with little result.—*Medical Press.*

Pilocarpine in Puerperal Convulsions—Recovery.—Ridley Dale, M. D., M. R. C. S., reports the following in the Medical Press:

On February 27, 1884, I was called to Mrs. D., who had engaged me to attend her in her second confinement, which she expected to take place at the end of March. She was twenty-two, and had with her previous child a normal pregnancy and labor. On my arrival at 6 P. M., I found her writhing in convulsions, the convulsive seizures occurring in series of three with intervals of a quarter of an hour,. She was sensible between the attacks, but appeared in a dazed condition. On vaginal examination, the uterus was found much retroflexed and retroverted, with the os so high above the pubes that it could only be reached with

the finger with great difficulty. I sent at once for my friend, Dr. Murphy, and put the patient under the influence of chloroform, which stopped the fits. On Dr. Murphy's arrival, he coincided with me as to the nature of the case. I passed a catheter and drew off half an ounce of urine, which on testing was found to be free from albumen. We then gave a hypodermic injection of pilocarpine, and, as this did not cause much sweating, repeated it. As the urine drawn off was all the woman had passed that day, we considered the uterus was making injurious pressure on the kidneys and their vessels, and resolved to relieve this pressure by inducing labor. While I was maintaining anesthesia Dr. Murphy dilated the hard and rigid cervix with his finger, drawing it down more on the axis of the pelvis. He then introduced a medium sized Barnes' bag (Sim's modification), and after an interval replaced this with a larger one. As she had no pains, a dose of ergot was given. Dr. Murphy then turned by the bipolar method and brought down a foot; the pains having now commenced, we resolved to wait a little to allow the cervix to fully dilate in the hope of getting a living child; but, unfortunately the funis became prolapsed, and delivery had to be at once effected. This Dr. Murphy readily accomplished by drawing on the foot, and a living female child was born. The placenta was expressed and another dose of ergot given, as the patient having now been six hours under chloroform we feared that there might be some hemorrhage. Twenty grains of chloral was injected per rectum, and she was ordered to take a mixture containing chloral and jaborandi. Mrs. D. had no more convulsions until the next morning at 10 o'clock, when they occurred as before; the pulse was rapid and wiry, the breath urinous; she was unconscious, and the urine drawn off by a catheter less than half an ounce and contained one sixteenth of albumen. We then administered another hypodermic injection of pilocarpine, which in five minutes caused a profuse perspiration and made the pulse slower and softer, cupped the loins, and gave croton oil (five minims) by the mouth, and inhalation of nitrite of amyl. She, about five minutes after this, had one fit, which was stopped by inhalations of chloroform. Ordered linseed poultices to the loins every four hours.

Remarks: It appears clearly from the history of this case, that the cause of the convulsions was the pressure on the kidneys of the displaced uterus, giving rise to partial suppression of urine with uremic symptoms. It was clearly necessary to restore the uterus to its proper position by inducing premature labor, to stop the convulsions and to get the kidneys to resume their work. The administration of chloroform checked the fits, but as the suppression still continued they returned; thus this was a valuable adjunct, but nothing more. The nitrite of amyl did not appear to have any effect at all. I attribute the recovery of the patient to the hypodermic injections of pilocarpine. The use of pilocarpine in puerperal convulsions has been highly recommended by Dr. Murphy. It caused here copious perspiration in five minutes, thus rapidly relieving the kidneys, and slackened the heart's beat and lessened the tension of the arteries. Oxytocic properties have been attributed to pilocarpine, but in this case it did not cause any pains, so ergot had to be given. Pilocarpine is also supposed to increase the secretion of milk, and from this case, this appears to be true, for the breasts were quite flaccid up to the fifth day and then secreted plentifully.

[The case was under observation till March 10th, when the patient was considered as well. There were no convulsions after February 28th, and no albumen in the urine after the 29th. On these days pilocarpine was given as before. Milk and barley-water diet, with a mixture of liq. ammon. acetatis, spts. etheris nit., poultices to the abdomen and a powder of calomel and jalap, followed by muriated tincture of iron, constituted the subsequent treatment.]

The Micro-organism of Acute Infectious Osteomyelitis. — Dr. Becker has made, in the laboratory of the Berlin Imperial Sanitary Office, a series of important experiments on the micro-organisms discovered by Schüller and Rosenbach. He collected pus from five cases of acute osteomyelitis in which the abscesses had not been opened, and cultivated the micrococci contained in it on sterilized potatoes, coagulated serum, and gelatine-peptone. In the latter case, the pus was introduced by means of needles into the mass, which was then kept at the temperature of the room during three to five days. After that time, the puncture made by the needles assumed the appearance of white streaks, around which the gelatine liquefied gradually and took an orange color. After a few days more the mass gave out a smell like sour paste, and the

microscope revealed the presence of large numbers of micrococci, having the same appearance as those found in the pus. A small quantity of the mass was mixed with sterilized water and injected into the peritoneal cavity of some animals; they died in a very short time of acute peritonitis. The same fluid injected into the jugular vein caused acute septicemia and death; but nothing abnormal was found in the bones in either case. Dr. Becker then injected a small quantity of the same fluid into the jugular vein of fifteen rabbits, after having, some days before, fractured or bruised the bone of one of their hind legs. On the day after the injection, weakness and loss of appetite were noticed; but after a short time the symptoms passed away, and the animals seemed to have recovered. At the end of the first week, however, a swelling formed at the seat of the bruise or fracture, the animals lost flesh, and died after a few days. On dissection, large abscesses were found around and in the bones, and in several cases metastatic abscesses had formed in the lungs and kidneys. Numerous colonies of micrococci were discovered in the blood and pus of the animals upon which the experiments were made.—*British Med. Jour.*

Fatal Meningitis after Enucleation of the Eye.—Mr. Arthur Benson showed the brain, and read the notes of a case of meningitis which had occurred in a girl aged seventeen, after enucleation of a shrunken eyeball, the result of a second purulent inflammation excited in an old blind staphylomatous eye. Headache, vomiting, etc., began on the day after the operation. On the fourth day a bright erysipelatous-like blush occurred on the eyelids, nose, and both cheeks; it disappeared in thirty-six hours. There was no discharge from the socket of the eye which had been removed; but on the day that the red blush was first seen, there was slight secondary hemorrhage from the wound. Death by coma occurred on the eighth day, and the necropsy confirmed the diagnosis of purulent meningitis, the whole surface of the pia mater being covered with lymph and pus. A summary of nine other cases, of all of which the author could find records, was given; and, of the nine, only two were known to have occurred after enucleation of the eyeball in a state of purulent panophthalmitis, while four were known not to have been purulent, and in three the condition of the eye was not stated. Mr. P. S. Abraham had made sections of the optic nerve and surrounding tissue, taken at a distance of about one cubic centimeter from the foramen. The nerve was profoundly altered. The space which the interfibrillar prolongations inclosed was occupied by a continuous granular material freely interspersed with nuclei. The connective tissue of the framework was itself filled with proliferating cells, massed together in some places. The sheath of the nerve was thickened, and toward the outer boundary the fibrous bundles were separated by spaces containing numerous small cells and nuclei; and, further out still, these were sufficiently abundant to be looked upon as purulent deposits. Some of the sections were treated with methyl-blue, and by this means he thought he could detect micro-organisms among the pus cells and between the fibrous bundles. A complete examination, however, had not yet been made. Sections of the kidneys showed marked hyperemia, the vessels being largely distended with blood, and bulged in places. No extravasations had been seen. The urinary tubules were quite occluded by the swollen and granular epithelial cells, which had lost their marginal boundary or contour. The ureters were studded with collections of inflammatory cell-growth.—*British Medical Journal.*

Connection of Acute Diabetes with Pancreatic Disease.—Dr. Duffey, before the Academy of Medicine in Ireland (British Medical Journal), reported a case of diabetes occurring in a farm-laborer, aged twenty-four, the duration of which, from the first recognition of the characteristic symptoms of the disease until his death, was two months. There was a sudden onset of abdominal pain, vomiting, and diarrhea, a week before death, the mode of which was, as is usual in acute cases, by coma. Nothing remarkable was observed by the naked eye at the post-mortem examination, with the exception of the condition of the pancreas. This gland was hypertrophied, and felt extremely indurated, the hardness being due (as the microscopic sections made by Mr. Abraham showed) to carcinomatous infiltration. It was well known and remarkable that a diseased state of the pancreas should so frequently be found associated with diabetes. In these cases the pancreas seemed to be more frequently atrophied than hypertrophied. In acute forms of the disease there might not be sufficient time before the death for the atrophic change, which gen-

erally followed the primary inflammatory enlargement of the gland, to occur. There were, on the other hand, numerous records to show that the pancreas might be diseased apart from any glycosuria. At the same time there was evidence to show a connection between certain morbid lesions of the pancreas and diabetes constituting a particular type of that disease. He discussed the views of Klebs and Lauder Brunton in explanation of the assumed co-existence, and referred briefly to the subject of carcinoma of the pancreas.

Liver with Cartilaginous Nodule.—Mr. H. Lockwood, in Medical Press, says: The patient, aged fifty-nine, was admitted into the hospital under the care of Dr. Dyson, on October 11, 1883. He had enjoyed good health up to two months ago, when he became rapidly swollen, and experienced great difficulty of breathing. On admittance there was great edema of the legs and abdomen, but not of the upper extremity. There was increased cardiac dullness, and a very well-marked aortic regurgitant murmur. His arteries were very atheromatous. The abdomen was tense and fluctuating. The patient gradually became worse, and died two months after admission. On a post-mortem examination his heart was found to be very much hypertrophied, and the valves and aortic arch atheromatous, but there was no evidences of considerable valvular mischief. On the under surfaces of the right lobe of the liver a hard nodular tumor was found imbedded in a cavity lined by a capsule. The outside of the tumor was hard, and on making a puncture a caseous material exuded. On section, the walls were found very dense and hard, and the tumor presented the appearance of a cystic tumor in which calcareous change had taken place in the walls and caseous degeneration in the contents.

Corroding Ulcer of the Os Uteri.—Dr. Williams, before the Obstetrical Society of London, March 5, 1884, referred to the rarity of the disease, to the almost entire absence of any description of it in the systematic treatises on the diseases of women, and to the fact that its existence had been denied by some observers. The disease had been mistaken for cancer, and cancer had probably been mistaken for it. The histories of two cases, which had been under the author's observation for varying periods of time—one for two years and the other for about ten years—were narrated, and the post-mortem appearances, together with the microscopic characters of the ulcer in one instance were described. The differences between corroding ulcer, both clinical and anatomical, were pointed out, and the views of Sir Charles Clark, that the disease was distinct from cancer, upheld. The disease began at the os uteri and extended along the vagina, involving the walls of that tissue in a symmetrical manner. Its progress was slow, and two of the author's patients died of their disease, while the third, who had been under observation for ten years, was still living. It was not associated necessarily with loss of flesh, and the pain and discharge were different from those usually met with in cancer of the uterus, and the edges of the ulcer were not hard and thickened. The mode of progress of the ulcer was in one case by means of reddish raised tubercles, which became ulcerated; in another, by slow ulceration, without any preceding change in the tissue about to be invaded, except some redness. The mucous surface to the edge of the ulcer appeared perfectly healthy. Microscopic examination showed this last observation to have been accurate, for the ulcer—its base and borders—presented no appearance except that of granulation tissue. The case in which the disease presented the characters of lupus was still living. In the second case, which died, and which presented the microscopic appearances mentioned, the ulcer appeared to be the result of a slow gangrene arising from calcification of the internal iliac arteries and their branches.—*Medical Times.*

Defective Dentition.—Mr. W. Hern (Odontological Society of Great Britain) showed models of three cases of defective dentition. The first, a boy, age seven, had only four teeth (molars) in the lower jaw, the alveolar ridge in front of these being narrow, and giving no evidence of the presence of any tooth germs. In the upper jaw he had six teeth, four molars and two conical teeth in the incisor region. Both the parents had their full complement of teeth, and so had a younger brother. In the other two cases, the canines were present as well as the molars, but the lateral incisors were absent, and the central small and ill-developed. Here, again, the parents had good teeth, and a younger brother had the proper number. Mr. Hern referred to some similar cases

brought before the Society by Mr. Moon a few years ago, in which it was noticed that the elder children had defective dentition, while that of the younger children in the same families was normal.

Erysipelas with Low Temperature.—At the Medical Society on Monday last, Dr. Cavafy read a paper on some cases of facial erysipelas with low temperature. The question raised was as to the real nature of such cases. Could an inflammatory process exist without elevation of temperature, especially a specific inflammatory process? Dr. Cavafy referred to the varieties of erysipelas, as indicated by the various names it had acquired, and argued from these that the disease varied greatly, both in intensity and extent, much as all other diseases might do without in any way losing their specific characteristics. He rightly pointed out, that every precaution should be adopted, as regards isolation, even in cases which appeared quite simple, and apparently free from infective tendencies. Dr. Finlay next read a paper on a case of opium-poisoning. The patient had accidentally swallowed a sedative draught prepared for a horse, which contained laudanum to the equivalent of about seventeen and a half grains of solid opium. When taken to the Middlesex Hospital, the full effects of opium were manifest, and other treatment having failed, and the patient being nearly moribund, atropia in solution was injected subcutaneously; an improvement became at once manifest, and maintained itself. About one thirtieth of a grain was used altogether. The patient quickly recovered.—*Medical Times.*

Bacillus Tuberculosis.—At a meeting of the Leeds West Riding Medical Society, March 3d (British Medical Journal), Dr. Barrs read a paper on this subject, and invited discussion on the communicability of phthisis. After passing in review the observations of Villemin, Wilson Fox, Marcet, Koch, Spina, Tappeiner, Schottelin, Weichselbaum, and many others, he stated his belief that the constant presence of the bacillus tuberculosis in all tubercular lesions in man and in animals, including the ordinary form of pulmonary phthisis, had been sufficiently affirmed to warrant the definition of tubercle by the presence of the organism. In dealing with the evidence of contagion from the clinical side, Dr. Barrs criticised freely the cases recorded by Villemin, Dr. Hermann Weber, and also those published by the Collective Investigation Committee, and stated his strong opinion that, as published, the cases could not in any sense be taken as evidence of direct infection from man to man. Although the experimental evidence clearly demonstrated the possibility of infection under certain conditions, Dr. Barrs was strongly of opinion that such conditions were not at present established among us, and were not in any way likely to be so.

To Prepare Corrosive Sublimate Gauze. In the New York Hospital corrosive sublimate is used almost exclusively as an antiseptic upon gauze or jute. The sublimated gauze is prepared by immersing the bleached material in a solution as follows: corrosive sublimate, 20 parts; water, 4,480 parts; glycerine, 500 parts, for twelve hours; then wringing out, and allowing to dry, as far as the glycerine will permit. At the time of operation a sublimate solution (1 in 1000) is allowed to trickle slowly but nearly continuously over the incision. Bleeding vessels are tied with sublimated catgut. No impervious protective is used over the dressings, as, by retaining the moisture of the dressings and the sweat, it is thought to act too much as a poultice. Metallic instruments must be immersed in a five-per-cent carbolic solution, as the bichloride will form an amalgam with them. In the New York Hospital, not only is the part to be operated upon washed with soap and water, but also with turpentine and alcohol, two ounces to the pint.—*British Medical Journal.*

Sulphate of Copper in Obstetric Practice.—At the Académie de Médecine, M. Charpentier read a paper on "Sulphate of Copper in Obstetrics," and deduced the following conclusions: (1) Sulphate of copper is an antiseptic of the first order, and renders signal service to obstetricians. (2) It is cheap, and easily used by the most inexperienced hands. (3) Of complete innocuity, whether employed under the fom of intra-vaginal injection or intra-uterine. (4) That sulphate of copper, from its astringent properties, could advantageously replace perchloride of iron. (5) The solution employed should be a one-per-cent. (6) The solution at this strength might be continued eight or ten days without producing more than a diminution of temperature and a fall in the pulse. Lastly, surgeons would do well to try this antiseptic.—*Medical Press.*

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 31, 1884.

Original.

CLINICAL NOTES.

BY ROBERT C. KENNER, M. D.

One of the differences between the practice of physic now and fifty years ago is the attention we pay to the administration of drugs in palatable and elegant forms. When of old the physician was called, patients justly dreaded the huge draughts of infusions and decoctions which were sure to follow the invariable copious letting of blood. No one can look back upon that period and not thank the pharmacists for their great assistance in giving us fluid and alcoholic extracts, and sugar-coated pills, granules and capsules. Medicines of nearly all kinds to be sure are unpleasant, and it behooves the physician to formulate his prescription in such a way as to cover their nauseating or disagreeable properties when such is at all possible. The bitterness of Epsom salt can be almost effectually overcome by giving it in cider, and many other medicines can by simple means be made agreeable. For the last year I have ordered castor-oil emulsified in the following manner, and find that patients do not object to take it, as it has none of the oily taste:

℞ Ol. ricini, ... ℥i;
Glycerinæ, ... ℥ij;
Spts. menth. piperitæ, ... } āā ℥ss.
Spts. lavend. co., ... }

M., and use in the same dose as that of the unmixed oil.

In cases of weak or irritable stomach, this is an elegant and acceptable laxative which I have never seen to produce emesis.

For the last fifteen months I have used the ointment of the nitrate of mercury as an abortifacient remedy in the treatment of boils and whitlows with encouraging results. The boil, seen of course before suppuration, is covered to about the thickness of an eighth of an inch with the ointment, which is maintained in place by a sufficiently large piece of surgeon's plaster. This I allow to remain on the swelling from twelve to twenty-four hours, when the inflammation is usually found to have almost or entirely subsided. This procedure in my practice has been successful, and I should like to see it have a more extended trial at the hands of the profession.

I have, in the last three cases of puerperal pyemia to which I have been called, pursued the following course of treatment: The patient suffering from diarrhea, frequent rigors with high fever and pinched countenance, was at once put upon intra-uterine injections of a thirty-per-cent solution of carbolic acid, given at least three times a day as long as any pyrexia existed. I gave the sulphate of quinia for its antipyretic effect, and in such quantity as would produce this result, which was generally from twenty-five to forty grains in twenty-four hours. The patients were given frequent doses of whisky, which I think acted charmingly in supporting them in the great depression and exhaustion. I ordered also the bodies sponged frequently with cold water and a wet napkin laid over the forehead, as a means of contributing to the comfort of the patients. The diarrhea, which is so very annoying, can only be relieved by first administering a laxative, and after it has evacuated the bowel to commence the use of opium and lead, or bismuth. The sick stomach and headache in my cases were found amenable to bromide of sodium in ten-grain doses every two hours. Many authorities have recently written a good deal on the subject of the intra-uterine injection of carbolic-acid solution, which was the basis of my treatment in these cases, and I hope my experience with it may lend some force in gaining for it a universal hearing.

I believe the idea set forth by some one, to have the nurse in every case of confinement to syringe out the vagina with a mild tepid carbolized solution to be an excellent one and capable of preventing many cases of childbed fever. It is the commonest thing for the obstetrician's interference to be asked in cases of stoppage of the discharge or of its offensiveness; and I believe if this was insisted on, these petitions would cease, as nothing is better to re-establish the discharge than warm injections. I therefore believe this mode of practice will obtain to the extent of any of our recognized obstetrical procedures.

South Carrollton, Ky.

A CASE OF PROLONGED GESTATION.

BY B. BUCKLE, M. D.

Formerly Demonstrator of Practical Midwifery, University of Louisville.

I was called to see Mrs. X. on June 5, 1883, and there met my friend, Dr. Gunterman, who related to me the following history of the case: He was called hurriedly on the night before to the patient, found her in a convulsion, or having just come out from one, with a dislocated inferior maxilla. This he replaced and prescribed for the patient. In seeking the cause of the convulsion he remarked that the patient had vomited, and the matter ejected from the stomach presented the odor of ergot. We ascertained that the patient had menstruated last on May 1, 1883. Our conclusion was, that having missed on June 1st the regular time she, perhaps by the advice of some kind lady friend, had taken ergot to bring on menstruation with the above result. She recovered promptly and completed her gestation, delivery taking place February 25, 1884.

This, counting from date of last menstruation, would place the delivery at three hundred and one days from that time. The usual duration of pregnancy is set down at two hundred and seventy to two hundred and eighty days. It is customary in calculating the time for expected delivery, to reckon from the last day of menstruation and, counting back three months, to add a certain number of days sufficient to make two hundred and eighty in all. Adopting this method of calculation for the above case, and taking May 3d as the last day of menstruation, brings us to February 4th, two hundred and eighty days, as the expected date of delivery, which took place, as stated above, February 25, 1884, making in all a prolongation of gestation of twenty-one days.

Louisville, Ky.

Miscellany.

A High Compliment.—In the able paper prepared by the late Prof. S. D. Gross for the American Surgical Association, the following paragraph may be found:

"It is a rule with all educated surgeons to do the work which they are called upon to perform in as complete and thorough a manner as possible, and nowhere is this precept of greater importance than in the treatment of wounds of the intestines. A case recently reported by Prof. W. O. Roberts, of Louisville, Ky., will aid me in illustrating my meaning. A man was cut in the abdomen with a pocket-knife; the wound was three inches long. The bowel protruded, and was pierced at two points, one opening being of the size of a common lead-pencil, the other of a pea. The knife in its passage had stripped off the serous membrane over a space of one inch by one quarter. There were two slits in the mesentery, each one inch in length; and the patient had lost much blood. The mural wound was closed by sutures which embraced only the skin and superficial fascia. None of the bleeding vessels had been secured, and active bleeding was still going on from three points in one of the wounds in the mesentery, the other being occupied by a clot. It was in this condition that the man was found by Dr. Roberts, shortly after his wounds had been dressed by another surgeon. Satisfied at a glance that the case had not been properly managed, Dr. Roberts reopened the mural wound, secured the bleeding vessels with carbolized catgut ligatures, stitched the openings in the gut more thoroughly, washed out the peritoneal cavity with hot carbolized water, and closed the abdominal wound with deep sutures, completing the dressing by inserting a drainage-tube in the lower angle of the wound. Under this treatment with proper subsequent care the man made a rapid recovery. Had the dressing originally applied been allowed to remain, death would have been inevitable; either from hemorrhage, peritonitis, or peritonitis and septicemia. The case affords a happy exemplification of hasty, careless, slovenly

surgery on the one hand, and of thoughtful, wide-awake, scientific surgery on the other."

BERZELIUS.—The world is largely indebted to Jöns Jakob Berzelius, the son of a poor farmer in Ostergotland, Sweden, who first saw the light on the 20th of August, 1779. There must have been in the boy some traces of the future man; for we find that his step father, A. Elmark, of Ekeby, when he was only nine years old, said to him one day when they were together, "Jakob, I think you will tread in the footsteps of Linnæus, or be another Cartouche." Berzelius became, indeed, greater than either of the great men brought before his youthful mind by the amiable old man Elmark. He became one of the most illustrious of modern chemists; and it is doubtless true, as has been stated by Berzelius, that, from the moment when the prediction of his step-father fell upon his ears, he resolved to be great. How true it is, that often a single remark made to a child changes or influences his life-destiny! We can depress or lift up our children; we can mold and fit them for positions of distinction and usefulness, or we can turn them into the narrow defiles leading to misery and obscurity.

He succeeded in entering the gymnasium school at Linköping, and ultimately the University of Upsala. In 1798 he began the study of chemistry, and made great progress. In 1800 Volta invented the galvanic battery, and Berzelius was one of the first persons in Europe to observe the greatness of this discovery. It was indeed *great*. All the marvelous electrical inventions of our age are based on that discovery of Volta eighty-four years ago.

In 1803 Berzelius became a professor of physics, and rapidly founded a new school of physiology, and threw new light on many difficult points connected with the chemical and physical characteristics of animal life. The electro chemical theory originated with him; and his works on physics, chemistry, and physiology, gave method, stability, and accuracy to these departments of science, which were before wanting. His treatise on the "Fixed Proportions and Weights of Atoms" was a wonderful paper for the time in which it appeared; and his researches on blow-pipe analysis were new and original. Berzelius enlarged the boundaries of human knowledge in a wonderful degree, and mankind are indebted to him greatly for the present extended field of scientific fact. Honor after honor was heaped upon him so long as he lived, which was until the year 1848. He died August 7, 1848; and he must be regarded as the greatest name in science of which Sweden can boast.—*Popular Science News.*

AMERICAN CLIMATOLOGICAL ASSOCIATION.—The members of this new organization assembled for their first annual meeting in the hall on the northwest corner of Sixth and F streets, Washington, on Saturday, May 3d, at ten o'clock A.M. The members present decided to devote their time to the consideration of the report of a committee on constitution and by-laws, and such matters as related to the completion of their organization, and postponed the reading of the papers until Monday morning, when, it was hoped, a larger number would be in attendance. Among those present were Dr. Charles Denison, of Denver; Dr. Frank Donaldson, of Baltimore; and Dr. A. Y. P. Garnett, of Washington. The first-named had a long and interesting paper on "Dryness and Elevation the Most Important Elements in the Climatic Treatment of Phthisis." It is illustrated by maps and charts, and is based largely upon his personal observations during many years of residence and practice in Colorado. The second presented a paper on "The Climate of Large Cities Dangerous to Consumptives."

NUSSBAUM, of Munich (Philadelphia Med. Times), places a few drops of oil of cloves upon the towel before administering chloroform. He claims that this will overcome the repugnance in certain patients to the odor of this anesthetic. The addition of one part to six of cologne to ether makes it more easy of administration in some cases.

A NEGATIVE THERMOMETER.—The ordinary mercurial thermometer is, as is well known, based on the dilatation of bodies by the action of heat, and on the difference of dilatation between mercury and glass. A new thermometer, in which the mercury-column sinks with a rise of temperature, has been introduced by M. D. Latschinoff, who has based his instrument on the discovery of Kohlrausch, that the dilatation of ebonite is greater than that of mercury. Latschinoff has made the reservoir of his thermometer of ebonite; and the result is, that the level of the mercury falls in it when the temperature rises, and, on the contrary, rises

when the temperature falls. A rise of 20° C. lowers the mercury twenty-five millimeters. The result is curious; but ebonite is so untried a substance for thermometry, that it remains to be proved whether it will give accurate and constant indications with lapse of time.—*Popular Science News.*

THE HEROISM OF DOCTORS.—Dr. J. Williamson, in a recent address before the graduating class of the Iowa College of Physicians and Surgeons (Iowa State Medical Reporter), draws the following picture of heroism and devotion among the physicians of Virginia in the days of our fathers. Its parallel was witnessed in the great yellow-fever epidemic of 1878: "It was in 1848, was it not? that an epidemic of cholera broke out in Norfolk, Virginia; so deadly in character was it and so rapidly did it spread that the city was soon panic-stricken, and all who could left at once. Resident physicians were soon exhausted from overwork, while some of them fell victims to the fatal scourge. A cry for help went out, and here and there, coming up from town and country, might be seen physicians leaving home and friends, heedless of personal danger, hastening to rescue the perishing. For days the pestilence raged, and as one after another of these brave ones fell others went forward to take their places. It was a time of the deepest gloom. Silently and alone they walked deserted streets by day and night, engaged in a combat wherein no martial music or battle's din was heard to support their courage. The pestilence came to an end, and so too did the lives of *forty* of these brave ones who had come forward at duty's call. They died and were buried; yes, *hastily* buried, and there their story ends. No stately shaft marks their resting-place. Few, indeed, have ever heard that any such precious offering was there made on humanity's altar; and why? Because it is expected that physicians be always ready to do just as they did. Nothing remarkable if therefore so soon forgotten. Religion may count her martyrs; Patriotism may point to blood-stained fields made historic by deeds of heroism; and Science may boast votaries whose lives went out in Arctic snows, but I know of no instances that transcend in sublime moral heroism the self-sacrifice of these forty forgotten worthies; and none whose names more deservedly belong on the roll of the immortals."

THE AMERICAN SURGICAL ASSOCIATION closed its regular annual meeting in the city of Washington, May 3d, 1884, after a session of four days. Its place of meeting was the lecture-room of the National Museum Building, Smithsonian Institute. About fifty members were present. Many papers were read and discussed, the papers and the discussions attesting the fact that surgery in America is abreast with the advanced line of progress in European countries. The usual annual dinner was omitted. The following officers were elected for the ensuing year: President, Dr. William T. Briggs, of Nashville, Tenn.; Vice-Presidents, Dr. J. C. Hutchison, of Brooklyn, N. Y., and Dr. E. H. Gregory, of St. Louis, Mo.; Secretary, Dr. J. R. Weist, of Richmond, Ind.; Treasurer, Dr. John H. Brinton, of Philadelphia, Pa.; Recorder, J. Ewing Mears, of Philadelphia, Pa.; Council—Drs. H. F. Campbell, of Augusta, Ga.; Hunter McGuire, of Richmond, Va.; P. S. Connor, of Cincinnati, O., and J. S. Billings, of Washington, D. C. Washington was selected as the place for the next annual meeting, and Dr. J. S. Billings as chairman of the local Committee of Arrangements.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.—The annual meeting was held in Washington, May 5th. The annual address was delivered by Leartus Connor, M. D., Editor Detroit Lancet, President, on "The American Medical Journal of the Future, as Indicated by the History of American Medical Journals of the Past." Remarks were made by Dr. Shoemaker.

Dr. N. S. Davis, of Chicago, opened the discussion on "How Far Can Legislation Aid in Elevating the Standard of Medical Education in this Country?" It was participated in by Dr. Henry O. Marcy, Dr. William Brodie, and Dr. A. N. Bell. Dr. J. M. Toner invited the Association, when it adjourned, to meet at his house to discuss special subjects and things.

Officers for the ensuing year were elected as follows: President, Dr. H. O. Marcy, of Massachusetts; Vice-President, Dr. J. V. Shoemaker, of Pennsylvania; Secretary, Dr. H. O. Walker, Associate Editor Medical Age, Detroit, Michigan.

HELLER'S TEST FOR ALBUMEN. — Dr. Boenning, of Philadelphia (Medical Times), suggests the following modification of this test: The nitric acid is poured into a test-tube, heated to the boiling point, and then overlaid with the urine. The heating of the acid is to hold the urates in solution.

The Louisville Medical News.

Vol. XVII. SATURDAY, MAY 31, 1884. No. 22

H. A. COTTELL, M. D., - - - - - - - - Editor.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editor is not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITOR OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

INOCULATION AGAINST HYDROPHOBIA.

A special cable dispatch, dated May 19th, from Paris to the Cincinnati Commercial-Gazette, brings the wonderful intelligence that Pasteur has found the long-looked-for remedy for hydrophobia; that he has been able to reduce the virulency of the rabies virus by passing it through certain animals, and that he is now ready not only to protect dogs against hydrophobia, but is confident that he can prevent the development of the disease in any person bitten by a mad dog.

To use his own (alleged) language: "From to-day any body bitten by a mad dog has only to present himself at the laboratory of the *École Normale*, and by inoculation I will make him completely insusceptible to the effects of hydrophobia, even if bitten subsequently by any number of mad dogs."

Pasteur has been investigating this subject for about four years. In experimenting upon animals his first observation was that the *virus rabique* lost intensity by transmission through some species of animals, but gained force in passing through others. In the rabbit the intensity is increased; in the monkey the intensity is diminished. Having settled this point, he took virus from the brain of a dog, dead of acute hydrophobia, and with it inoculated a monkey. The animal died of the disease, but served to reduce the strength of the virus, which was used for the inoculation of a second monkey. The virus from the second was used upon a third animal, and so on until a virus was obtained "so weak as to be almost harmless." After this process of reduction by transmission through the monkey, the "weak and almost harmless" virus was potentialized by a series of inoculations through rabbits, the maximum intensity being reached in some rabbit (not stated) beyond the fourth.

A dog was now taken and inoculated first with the weakest virus from the first rabbit, then with stronger virus from the second, and lastly with the virus which had regained its maximum intensity. This animal, a few days subsequently, was treated with virus taken directly from a dog just dead of acute madness, and proved to be completely insusceptible to hydrophobia, giving negative results after frequent repetitions of the experiment.

The investigation did not stop here; two healthy dogs were next taken, and both were inoculated with virus from a dog, dead of acute hydrophobia. One of these dogs left to himself soon developed the disease, from which he died in due time. The other was submitted to three inoculations of the modified virus obtained from the rabbits as described above, the weakest being first used and the strongest last. Under this treatment the animal "became completely insusceptible to hydrophobia."

The dispatch closes with the following sweeping remark which, it is claimed, was made by the author: "Whoever gets bitten by a mad dog has only to submit to my three little inoculations and he need not have the slightest fear of hydrophobia."

Taking with due caution the testimony of an unauthenticated dispatch, and explaining its boastful language and somewhat unscientific development of the subject upon the theory that M. Pasteur's diction may have increased in intensity and his scientific conclusions have suffered marked modifica-

tion by transmission through the medium of a newspaper correspondent and three thousand miles of submarine cable, we may accept the account as substantially true.

If Fido is ever to be disarmed of his deadly venom, the method of its accomplishment must be sought through the medium of modified virus obtained by repeated inoculations in some one or more species of the lower animals.

It is well known that the distinguished French scientist has long followed this special line of investigation relative to other affections with already wonderful results, and the scientific world is therefore prepared to hear that he has unraveled the mystery of rabies and pointed out its specific prophylactic. But while we are anxious to believe that the means have been found by which this most terrible of all diseases may be rendered powerless to afflict mankind, being through inoculation modified and restricted to the circle of his carnivorous pets, we shall restrain our enthusiasm until some well-authenticated report of Pasteur's discoveries in this department of research shall come to hand.

PROF. GROSS'S LAST WRITINGS.

The Philadelphia Medical News, of May 24th, publishes the last literary production of the great surgeon. It is entitled Lacerations of the Female Sexual Organs Consequent upon Parturition, and was prepared for the obstetric section of the American Medical Association, before which it was read on the 8th instant, two days after the writer's death. The paper is written in the best style of its author, and shows that, whatever may have been his bodily infirmity, his mind retained its wonted vigor to the last. Another paper on Wounds of the Intestines was prepared for the American Surgical Association by Dr. Gross. This article is also in every way worthy of the distinguished writer. It was read on April 30th, while its author lay upon his death-bed. "Let me cease to work and live," said Wesley, when he reached old age. The same spirit was in Gross, who, when he had passed beyond the age at which most men retire from active life, undertook and carried out the great task of revising his work upon surgery, and wrote for the edification of the fellows of the two associations which he loved while his feet were standing on the verge of the grave.

THE KENTUCKY STATE MEDICAL ASSOCIATION.

The State Society convenes in Bowling Green on Tuesday, June 3d. The usual commutation in railroad and hotel rates is secured; an excellent programme is prepared, and the committee of arrangements has put every thing in readiness for the classic Kentucky welcome.

A good number of papers have been promised which, with the usual quota of volunteer reports and essays, will insure ample material for discussion, while business of great importance to the profession in Kentucky, it is said, will be transacted during the session.

We believe that the wisdom of the management in postponing the meeting until after the close of the national Association will stand approved by a large attendance, spirited sessions, and transactions of unusual worth.

PROF. J. W. HOLLAND.

At the fourteenth annual meeting of the Alumni Association of the Jefferson Medical College, Philadelphia, Dr. J. W. Holland, of Louisville, was selected to deliver the next annual address.

The late Professor S. D. Gross, who was present, commended "the selection of the orator as a wise and judicious appointment," declaring Prof. Holland to be "a gentleman who would reflect great credit upon the Association."

The many friends and students of Prof. Holland who have been privileged to sit under the spell of his rare eloquence will be glad to hear of this well-merited honor, and will be ready with us to assure the alumni of Jefferson that the prophecy of Prof. Gross will find its due fulfillment at the next meeting of their Association.

Medical Societies.

THE LOCALIZATION OF PERINEPHRIC LESIONS BY MEANS OF CLINICO-ANATOMICAL STUDY.*

BY JOHN B. ROBERTS, M. D.

Professor of Anatomy and Surgery in the Philadelphia Polyclinic.

The author stated that his paper was suggestive rather than demonstrative or conclusive; and that he hoped the Fellows of the Association would investigate all cases of perinephric disease which they met with a view to definite localization. The lesions liable to involve this region primarily, or secondarily, are inflammation, abscess, cancer of the kidney, cystic degeneration, renal calculi, hydronephrosis, etc. The early recognition of the exact seat of such lesions can only arise from study of anatomical relations and clinical histories. The importance of such localizing knowledge will not be gainsaid in these days of nephrotomy, nephrectomy, and kindred operations. As the study of cerebral localization has now advanced beyond the stage of speculative physiology and has become of practical value to the physician and surgeon, so will the study that leads to localization of perinephric lesions become of future value. The symptoms and signs which must guide us in fixing the exact sites are those due to extension of inflammation to adjacent structures and those caused by increase of bulk at the seat of disease. These may be termed the localizing symptoms as discriminated from the inherent symptoms of the lesion itself.

Although there are no dividing lines separating the perinephric area into tracts, it is convenient to speak of upper, middle, and lower anterior, and upper, middle, and lower posterior tracts.

The speaker then discussed the varying symptoms likely to be produced by lesions in these different tracts; and from the clinical histories of cases reported by himself and others and from anatomical study deduced the following conclusions:

A table of symptoms of probable and possible value in localizing perinephritis and perinephric lesions.

All anterior regions: Pain, tenderness, swelling, edema, pointing, etc., in front and side of abdomen.

All posterior regions: Pain, tenderness, swelling, edema, pointing, etc., in the loin.

Upper tracts: Pleuritic friction, pleural effusion, empyema, expectoration of pus, dyspnea, suprarenal involvement, solar plexus involvement. If on right side, bilateral edema of legs, jaundice, fatty stools, persistent vomiting, rapid emaciation, ascites.

Middle tracts: Albuminuria and casts, suprapubic, scrotal or vulvar pain or anesthesia, suppression of urine, uremia, pus in the urine, edema of scrotum or varicocele (especially on left side).

Lower tracts: Flexion of hip, pain or anesthesia of front, inside, or outside of thigh, retraction of testicle, pain at knee, scrotal or vulvar pain or anesthesia, without accompanying albuminuria, unilateral edema of legs, abscess or sinus near Poupart's ligament, constipation (if left side), involvement of chyle receptacle (if right side).

*Abstract of a paper read before the American Surgical Association at Washington, D. C., May 2, 1884.

Obituary.

George W. Beard, M.D., died in Louisville, at the residence of his relative, Dr. R. B. Gilbert, on Wednesday, May 21st, of uremic coma, his death being hastened by an ordinary dose of morphine, taken to induce sleep at bedtime on the night of the 19th inst. He had been complaining of restlessness for several weeks, but not regarding himself as a sick man had kept at his work. His real condition was not made clear until the second day after he had been found unconscious in his bed, at which time he had outlived the toxic effect of the opiate. It was then that an examination of his urine showed albumen in large amount. This condition of albuminuria probably explains the fatal result of the medicinal dose of morphine.

Dr. Beard was a graduate of the Medical Department of the University of Louisville, but had never attempted the practice of his

profession. Some years ago he turned his attention to pharmacy, and securing a position with Messrs. Colgan & McAfee, of this city, soon attained to skill and efficiency in this calling. At the time of his death he was thirty-two years of age and unmarried. He had lived in this city for about seven years. *

Correspondence.

REMINISCENCES OF THE LATE PROF. L. P. YANDELL IN THE CLINICS.

Editor Louisville Medical News:

It was in the clinics that the professor, now departed, shone brightest. In the amphitheater, at the side of the broken-down man, or bending over the pale child, or comforting the wretched woman he stood; and turning to the eager faces of the students, with his gentle yet manly voice he would tell them of the disease and the means of fighting it—so I behold him now.

Lunsford P. Yandell was not a theorist and hobby-rider, as some physicians seem to think, but an ardent believer in experience and in facts which had stood the crucial test of time. Here are his words: "Take not a man's word, nor a book's, nor that of a pamphlet, nor that of an article, immediately for the truth. Give each one a chance by applying, yourselves, the proof to what is said, and then accept it or discard it, as the case may be. Whenever I tell you any thing seemingly new, or startling, or contrary to the teachings of authorities, or of men whose dust even is no more, I do not wish you to believe me blindly. Try for yourselves, pry into the matter, study it well, only then will you know whether or not my words are true."

In diagnosing a case he was very discriminating and wary, at the same time self-reliant. Indeed, to quote from Mr. Blaine's new work where he speaks of Abraham Lincoln, we may also of the doctor say, "Altogether modest, he had confidence in himself, trusted to the reasoning of his own mind, believed in the correctness of his own judgment." His questions to the patient were short and to the point. The voice, the face, the general deportment, frequently offered to his quick perception better clues to the malady than the answers of his patients. These latter he always took *cum grano salis*. From the premises gained by his examinations he drew his deductions acutely, clearly, forcibly, and yet simply enough to allow the dullest student to comprehend him.

One of his favorite teachings was, that although the forms and manifestations of disease were numberless as the ocean waves, yet their causes could be counted on one's fingers. Again, he laid stress on the fact that only a *certain grouping* of symptoms was indicative of any certain disease; for the same symptom may be produced by a thousand different pathological conditions. *Apropos* of this, I well remember the case of an emaciated little girl who was seriously troubled with a cough. The professor had examined the patient in the reception chamber, and he now proceeded to quiz the students about the case, and for appropriate prescriptions. No answer proved satisfactory. To our astonishment he then ordered calomel and santonin, of each five grains, to be given at night, and a dose of castor oil in the morning. He explained, "This is the proper expectorant for the case, gentlemen. Intestinal worms are here the cause of the cough, which is reflex. When you have a thorn in your hand and pains shoot along your arm, do you apply a liniment to the arm? You remove the cause—you take out the thorn. This we have now done. Cough is only a symptom of disease. This symptom may be due to lung-trouble, traumatic, catarrhal, inflammatory, phthisical, syphilitic, to throat-trouble, to derangements of the stomach, to diseases of the ear, to constipation, to intestinal worms, to uterine disorders, to hysteria, to a thousand diseases. Would you give opium to allay a cough due to constipation? Who, if he has had any experience whatever, has not seen a severe cough come on immediately with an attack of malarial fever, and pass off as quickly with it? Does not common sense teach you how to treat such a case?"

"There is another very common symptom of disease, back ache, which is often treated empirically. Do not call it lumbago, and administer externally a plaster and internally morphine, without a previous thorough examination. Back-ache may arise from diseases of the bladder, of the kidneys, the liver, the spinal column, and of the spinal cord, from rheumatism, neuralgia, metrorrhagia, displacements of the uterus, from simple menstruation, and so on. In any disease, gentlemen, find the cause, and if that is removable, and *has not existed too long*, you will most certainly cure the case."

The subtle poison, malaria, never escaped his alertness. Said he, "Because the enemy is so common and so easily conquered, should we be less on our watch? Ah, I tell you, malaria has been the death of thousands when it was not even suspected. Let him sneer, the fool who glories in his ignorance; be you wise, and work for the good of your patients and your own reputation."

The only instance that I recollect in which Dr. Yandell made an attempt at theory, was when he spoke as follows:

"The physiologists, those foundation-layers of the grand edifice of medicine, have proved that there is in the normal human body an *animal quinoidine*,* a bitter principle clinically identical with the quinine of the vegetable world. We know that a surgical operation, parturition, menstruation, or, in short, any thing that calls upon the system for heightened vital action, or, on the other hand, lowers the vital energies, lays the system open to the ravages of malaria. We may suppose that this animal quinoidine is the natural antidote to the malarial poison, and that various occurrences, such as the above mentioned, prevent its formation, and thus allow malaria to play havoc in the system.

"But, putting all supposition aside, I will give you a few facts. I had under my care a number of cases of abortion, the cause of which I could discover only after great pains. Syphilis, the most frequent factor in such cases, was absent. I found the hidden origin to be malarial, and by quinine prevented all further abortions in these persons. Some authorities warn you never to use this medicine in pregnancy, or, if absolutely necessary, at least with extreme caution. Of course, if there are no indications for the medicine, you will not give it. But malaria, next to syphilis, is the most frequent source of abortion; and why should you be afraid to use the sword against your enemy because it is sharp? I affirm it is criminal not to use the proper antidote here. Gentlemen, you will often prevent abortions, puerperal fever, milk-leg, cracked nipple, erysipelas, and many other disorders by using quinine properly in pregnant females. I speak from experience."

Thus he taught, and although but few years have passed since my student days, I have had cause to thank him many times for these words.

*See Proceedings of Royal Society, Vol. xv, No. 83. Dr. Bence Jones and M. A. Dupré.

The doctor had much faith in the healing powers of nature, though, as a well-informed and earnest physician, he also placed great confidence in the healing powers of his art. Hand in-hand, nature and art worked great results for him. His prescriptions were never of the "shot-gun" kind; he aimed to make them as simple as possible. He would exhort his pupils to use one medicine by itself whenever practicable. "Watch its effects closely then, for this is the only way by which the few specifics we have were discovered, and in no other manner can we hope to progress in therapeutics." However, all scientific and long-tried combinations of medicines received his sanction. Trifling or harmful tinkering with medicinal agents he abominated. For instance, he severely denounced the indiscriminate application of "that great harmful humbug," castile soap and water to all kinds of sores and wounds. Details he never slurred over. This is shown by some of his maxims, to wit:

"There is an exact time, an exact dose, and an exact shape in which to give a medcine."

"Details make up the whole. If any of these are deficient the result will be deficient."

"Examine your patients minutely and you will arrive at a proper diagnosis; hurry over the ground negligently and you will go wrong."

His clinical lectures were interspersed with many bright anecdotes. Some of these were incidents in the late war, others were stories of his personal contact with eminent men of our profession in this country and in Europe. Often he would cause a smile of delight to flit over the wan faces of the sick by some happy saying, either witty or full of consolation and hope.

Lunsford P. Yandell was a handsome man; in dress scrupulous, in manners and conversation a perfect gentleman. These latter attributes have caused some envious men foolishly to call him proud. Toward all his students, especially to the more timid, he was as a friend, or a brother, or a father.

His words of encouragement which cheered me in the past, and his many invaluable precepts which do me good service now, and upon which I shall lean in the future, prompt me to pen these recollections of my beloved teacher.

FERDINAND, IND. PAUL KEMPF, M. D.

Selections.

A Year's Experience in Tracheotomy. George W. Gay, M. D., writes, in the Boston Medical and Surgical Journal: During the year 1883 I performed tracheotomy twenty-one times for croup. Eleven patients recovered. All but one, a fatal case, were treated in the City Hospital. The cases were not selected, every one coming under our charge being operated upon if requiring it.

Many of the patients had diphtheritic croup, a few membranous, and, occasionally, it was not easy to make an exact diagnosis. Cases presenting enlarged glands and a nasal discharge early in the disease were undoubtedly diphtheritic. On the contrary, cases beginning as an ordinary cold, with no membrane visible in the fauces, no septic symptoms, but having a severe and constant dyspnea, were called membranous croup. It is not of the utmost importance that much time be spent in discussing the difference between the two varieties of croup, considering the fact that both are extremely dangerous to life, and that both demand essentially the same treatment. Suffice it to say, that all of the cases presented severe and continued dyspnea, due to an acute laryngeal obstruction of from one to five days' duration.

One patient was twenty-four years old (died); the age of the others varied from eleven months to nine years; a majority were four or five years old. The youngest who recovered was three.

The duration of the disease at the time of the operation ranged from one to eight days; the dyspnea from one to five days. As a rule the shorter the period of obstructed respiration the more favorable the result.

No ether was used in eight cases, and only a few whiffs in the others; merely enough being given to partially control the struggling and fright. Generally the patient had rallied from the anesthetic before the tube was secured in its place.

Two children died of shock and septicemia a few hours after the operation; the other fatal cases survived from two to five days. None died from hemorrhage. Death resulted from either bronchitis or blood-poisoning. Every case but one derived more or less temporary relief from opening the trachea, and, so far as I know, no life was shortened by the operation. The upper rings of the trachea were usually incised, and also the isthmus of the thyroid, if necessary. In a baby lately operated on at the age of nine months the cricoid cartilage was divided with the result of greatly facilitating the introduction of the tube.

Venous hemorrhage was quite free in many cases, but no trouble was ever experienced from blood getting into the bronchi. By inserting a tenaculum or hook into the trachea just below the cricoid cartilage and lifting it up the windpipe is under control, and it is not necessary that the rings be exposed before they are divided. At all events I have not found it to be so in many of my later operations. Beginners, however, had better see the rings before they cut them. The tube having been secured by tape, a piece of cotton flannel spread with cosmoline is placed between the plate and the skin to prevent irritation.

After Treatment: Milk, ice-cream, and beef tea were the favorite articles of food. Nourishment was also administered by the rectum. Alcohol was never given unless the patient exhibited symptoms of marked exhaustion, when champagne was added to the diet. Several of the successful cases received no liquor during the treatment. Quinine and aromatic spirits of ammonia were given in every instance, while iron and chlorate of potash were not resorted to.

Next to nourishment I consider *steam* to be the most important part of the treatment. It is conducted from the radiator through a rubber tube, and directed upon the neck of the patient. The vapor is warm, moist, and does not condense in sufficient quantity to saturate the clothing. Atomized or medicated liquids are not used at present. Lime-water often produced a disagreeable erythema of the face, and thinking that possibly it might act as an irritant to the air passages, pure steam was substituted, and so far it seems to act as favorably as did any of the sprays formerly in vogue.

In all cases the patient received steam half the time, while to the more serious it was constantly supplied. The very great benefit derived from breathing the warm vapors was demonstrated beyond a doubt in many instances. Under its use the secretion would soften, the respiration would become easier, the child would become quiet, and fall asleep. The importance of a constant and generous supply of steam can not be overestimated in this affection.

In the favorable cases the tube was worn from six to fifteen days; the average time

being nine days and a half. I have found the most satisfactory way of getting rid of the tube to be as follows: At the end of a week, if the respiration is free, the tube is taken out quietly, and the child is let alone. No trials are made to see if he can breathe through his mouth. As the tracheal wound contracts natural breathing through the larynx is gradually restored. With one exception this plan has worked well. In the case of a little girl, after the tube had been taken out, occasional attacks of dyspnea would come on, which were relieved by the nurse's opening the wound with the dilator, and turning on more steam. The child soon learned to call for this instrument whenever she felt an attack approaching. The use of the tube was not again resorted to, and in a few days the dyspnea ceased, and the patient recovered.

I can not close this paper without calling attention to the importance of having intelligent, skillful, and devoted nurses in charge of these patients. Two sets are necessary, one for the day and another for the night, and they should have received special instruction in taking care of the tube, and also in removing or replacing it in an emergency. I can not but feel that my success during the past year was due in no small measure to the admirable care which the patients received from the nurses of the hospital training school.

The Surgical Abuse of Sponges and of Silver Wire.—Under the somewhat sensational title of "Seven Surgical Follies," Dr. John B. Roberts (Polyclinic, February 15th,) considers what he calls the ether folly (the abandonment of ether for chloroform on account of lack of knowledge of how to secure anesthesia by the former), the incision folly (too short incision), the styptic folly (use of styptics to control hemorrhage), the adhesive plaster folly (plaster in place of sutures), the dose folly (inadequately small doses), the sponge folly, and the suture folly. On these last two points he says:

"What I term the sponge folly is the habit of employing sponges for absorbing blood from wounds, when napkins or towels are always obtainable, and are far less liable to introduce septic material into the wound. Sponges, while too expensive to be thrown away after each operation, are cleaned with great difficulty. Servants and nurses, therefore, not appreciating the importance of thorough cleansing and disinfection, often neglect this duty. Hence I prefer towels, and if I do an operation at a patient's house, always use clean towels obtained there. Thus I secure an almost certain immunity from purulent or septic dirt in the articles used for absorbing blood. Perfectly clean surgical sponges are the exception, but clean household towels are the rule. At the polyclinic I use for this purpose, to a considerable extent, Japanese paper napkins, which are thrown away after being once used. Absorbent cotton is too expensive for such uses, except to a limited extent, and besides, has a tendency to leave filaments entangled in the wound."

[We learn by a note in another part of the same journal that these Japanese napkins are found by Dr. Roberts as efficacious and clean as cotton ones, and are so cheap that they can be thrown away after being used. They cost from $6 to $7.50 a thousand. The cost of washing a large number of ordinary towels is thus avoided. The paper towels are scarcely suitable for drying hands after washing, unless several towels are used at once, because the large amount of moisture on the hands soon saturates a single towel. For removing blood from wounds, a paper towel is crumpled up into a sort of ball and then used as a sponge. Such balls absorb blood rapidly. The crude ornamental pictures, in color, on the towels, are of no advantage, nor are they, so far as is known, any objection.]

Regarding the "suture folly," he says:

"I do not refer to the erroneous opinion, long held, that sutures should not be used in the scalp. This tradition has been disproved so often that few surgeons would now hesitate to use sutures as freely in the scalp as elsewhere. What I call the suture folly is the adherence of many to the theory that silver wire only should be employed for suturing purposes. Nothing could be more fallacious. Do we use silver hare-lip or acupressure pins? Why, then, employ silver sutures, when iron wire is stronger and far cheaper? When large and gaping wounds require the sutures to stand much tension, silver wire, if used, must be very thick. Iron wire of much smaller diameter, and therefore much more flexible, gives an equally strong suture, and in addition to being better adapted to the purpose is much cheaper. I recollect that, in hospital practice, nearly eight years ago, I discarded silver wire, which cost one dollar for each small coil, and bought, at a hardware store, enough iron wire for ten or fifteen cents, to

last many months. The nicest iron wire I have seen, and which I now use for the purpose, because it is strong, very flexible, and free from elasticity, can be bought for five cents a spool. If it becomes a little rusty, it can be rubbed clean in a moment, should the operator object to the small amount of oxide of iron upon it."—*Boston Medical and Surgical Journal.*

MULTIPLE HEPATIC ABSCESS IN A BOY OF ELEVEN TREATED BY INCISION, WITH RECOVERY.—At at recent meeting of the Clinical Society of London, Dr. Samuel West reported the following case:

A Jewish lad, aged eleven, who had never lived out of London, had a rigor on January 21st, and pain in the right hypochondrium. He was brought to hospital on February 20th, with evident hepatic abscess, extremely ill, and with a temperature of 105°. On February 23d a large abscess was aspirated, and thirteen ounces of greenish sweet pus was removed. Four days later a free incision was made, and seven and one half ounces of turbid purulent fluid escaped; a second abscess was discovered and aspirated, when one ounce of blood-stained pus was discovered. On March 6th the two last swellings were again prominent, and were freely laid open, and a drainage-tube inserted. On April 9th a fresh abscess was found, explored, and then freely laid open. From this time convalescence commenced, interrupted only by a diffuse abscess in the abdominal walls, which healed alone on being opened and washed out. The points of the case were the following: (1) The age, eleven years. (2) The number of abscesses, three or four, and probably more. (3) The absence of any assignable cause. (4) The great relief by evacuation. (5) The rapid fattening during convalescence.

Dr. Carrington, referring to the possible existence of idiopathic abscess of the liver, said he had collected many examples of the disease, and in three could find no primary cause for its occurrence. One of these was that of a policeman, whose liver was riddled with abscesses, and who was but five days ill. Another case, recorded in the Pathological Transactions, was that of a woman, who died of some other disease, but whose liver was found, post-mortem, to contain numerous encapsuled abscesses. In a large proportion of these cases, as a rule, clinical symptoms were absent, the chief of these being tumid abdomen, with enlargement, and elevated temperature and feverishness. Last year Dr. Wilks had under his care at Guy's Hospital a woman who was supposed to be the subject of suppuration of the liver, her symptoms being vomiting, diarrhea, and a temperature at times ascending to 103° or 104°. After death, it was found that cirrhosis of the liver existed, and Dr. Carrington concluded that a febrile temperature was probably more common in such cases than was usually supposed.

The President said that his experience did not lead him to expect that abscess of the liver would always suggest itself by the existence of the symptoms alluded to by Dr. Carrington. As an illustration of the meaning he wished to convey, he narrated the history of a case in point. The patient, a clergyman in the country, consulted him on account of illness from which he had been suffering for three weeks. Sir Andrew Clark concluded that a collection of matter existed in some place, and that to its presence the illness was attributable, but he could not make out its situation until chancing to detect a small area over the liver in which region a friction sound could be heard. On this evidence he diagnosed abscess of the liver, and in confirmation thereof thirteen ounces of pus were evacuated on an incision being made. He had four times succeeded in detecting abscess of the liver by means of this method of diagnosis, which offered obvious advantages when taken together with the better known evidence afforded by the presence of pneumonia.

Dr. Cullimore said he had been himself a sufferer from abscess of the liver, and he concurred in believing this affection might be present and unattended by an abdominal enlargement or tenderness. In his own case the abscess was punctured, and discharged by way of the lung. He would like to know if abscesses of any size had been found to exist in the absence of fever, for in December last he was consulted by a gentleman who came from India, and who was supposed to suffer from abscess of the liver. He had no fever, but some tenderness was present, and a catch in breathing. Having been previously attacked by malarial fever, and there being no rise of temperature, Dr. Cullimore concluded there was no abscess present; and since the time referred to the patient had noticed an occasional rise in his temperature, but unattended with sweating or jaundice. The tenderness and enlargement slowly subsided. Dr. Cullimore observed that, in his own case,

he could not register any rise of temperature when he suffered from congestion of the liver, but that when that organ became the seat of abscess there was a distinct access of fever. He considered that abscess of the liver might be caused by the guinea-worm, by aneurism following inflammation of the hepatic artery, and by accidental causes.

Dr. J. K. Fowler remarked that he had drawn attention, twelve months previously, to the importance of sweating and pleurisy as signs of abscess of the liver. He had been led to puncture the organ from the presence of these signs in his cases, and as a consequence obtained a supply of pus. He considered that elevation of body-heat did accompany abscess, and, as showing that absence of such rise indicated the absence of the disease, he instanced an experience obtained at the Middlesex Hospital, where a certain patient was supposed to have abscess of the liver, and puncture had been advised accordingly. Death occurred, however, before this was done, and the liver was found to be the seat of amyloid degeneration, but it contained no abscess.

Dr. Mahomed considered that two distinct classes of cases had been confused in the discussion, viz., large local abscesses, and small multiple abscesses, the latter a much more dangerous form and having pyemic tendencies. Was not Dr. West's an instance of this class of case? He (Dr. Mahomed) recently saw at the Fever Hospital a patient who was recognized by a nurse as suffering from malignant multiple abscess of the liver. This attendant had been in Egypt during the late war, and had seen many cases of a similar nature. Patients so affected avoided lying in a way that led to pressure on the right side of the body.—*Medical Press.*

Spasm of the Muscles of the Face and Cataract due to Dental Irritation. Mr. Henry Sewill, in a recent paper read before the Harveian Society of London, dealt with the case of a middle-aged lady, the subject of inveterate neuralgia, who, during late years, had suffered from alveolar abscesses, and, in 1881, had complained of recurring pains in the right eye, complicated since January, 1882, with persistent spasm of the right side of the face. In July, 1882, partial loss of sight of the right eye from cataract and partial closure of the same eye from spasm of the orbicularis were superadded. In July, 1883, she consulted Dr. Ferrier, who advised extraction of offending teeth. Mr. Sewill found in the upper jaw the stumps of some molars and artificial bicuspids, incisors, and canines attached to a vulcanite plate which had not been removed for years. The right canine was completely broken down, and pus exuded from several fistulous openings in the gums. The lower teeth were hidden beneath an enormous mass of tartar. The treatment consisted in extraction of all the upper teeth in two sittings, and in gradual removal of the tartar from the lower teeth. Within two days of the extraction, the facial spasm entirely disappeared, but no change took place in the damaged lens. Mr. H. Power had lately stated, in a paper read before the Odontological Society, that dental lesions were very frequently the cause of certain diseases of the eye, to which should now be added cataract. The case recorded was probably an instance of trophic disturbance.

The President called attention to the frequency with which the ear was affected from the same cause. Mr. F. Treves referred to similar cases which had occurred in the practice of Mr. Hilton and of Dr. George Johnson. The case might lend support to the view that a nervous communication existed between the second division of the fifth nerve and the lenticular ganglion. Mr. Juler, from observations upon a large number of cases in which eye affections were associated with diseases of the teeth, was of opinion that the latter were even more commonly the cause of ocular and intra-ocular lesions than Mr. Sewill appeared to consider. Mr. Juler considered that the recent paper upon this subject by his colleague, Mr. Power, had been instrumental in calling the attention of the profession to a field of observation in which it had previously been almost asleep.—*British Medical Journal.*

Rain-water.—Good water should be (1) at all seasons clear, transparent, bright, and when seen in large bulk, pure blue, the natural color of uncontaminated water; (2) it should be well aërated, holding in solution from seven to eight cubic inches of air per gallon, consisting of two or more cubic inches of oxygen and six of nitrogen; (3) it should have at its source a uniform temperature equal to the average of the climate for the year; (4) it should be free from living organisms, vegetable and animal, and from all dead, decomposing, organic matter, and should not dissolve lead; (5) it should

hold only a moderate quantity of mineral matter in solution, and thus be soft, and not deposit a coating of lime or magnesia when boiled.

Now, rain-water is only pure at the moment it leaves the clouds. In passing through the air it absorbs gases, takes up floating organic particles, especially near towns, as shown by Dr. Confield, by actual experiment, a half a mile from Manchester. These impurities from atmospheric sources, except in cities, are not excessive, yet care should be taken that they be not accidentally augmented, as when the first washings of the roof after a dry spell are allowed to go into the tank. To obviate this, three tanks are used in Italy, where the water is required for drinking purposes. Our own ruder tanks are plainly unfitted for the preservation of drinking-water. Rain-water, in proportion to its purity or softness, is more likely than hard water to dissolve lead. So leaden cisterns and fittings of all kinds are sometimes a source of danger. Thus rain-water does not satisfy the third or fourth of the above conditions of excellence, and because of its containing an insufficient quantity of salts, the fifth also. This lack of salts gives it an insipid taste, which, aside from the objections stated, makes it not the best for drinking. But, wherever convenient, rain water should be kept as a reserve supply for drinking, when it will prove invaluable when other sources are contaminated by accident or epidemic. — *Titus Munson Coan, in Harper's Weekly.*

Irritation of the Sexual Apparatus as an Etiological Factor in the Production of Nasal Disease.—The evil effects of undue excitation or disease of the generative apparatus upon the organs of sight and hearing are well known to specialists in these departments. In a very learned and interesting article in the April number of the American Journal of the Medical Sciences, Dr. John N. Mackenzie quotes authorities to prove the fact that immoderate indulgence in venery may lead to derangements of sight was familiar to Aristotle, and that the fathers of medicine recognized some mysterious connection between the ear and the reproductive functions, and that the intimate relationship between the genital organs and those of the throat and neck attracted the special attention of the ancients.

While historical facts point to the early recognition of the relationship between overindulgence of the sexual powers and morbid conditions of the eye, ear, and throat, the special part which it plays in the production of nasal disease seems to have been heretofore overlooked, and Dr. Mackenzie has done good work in pointing out the intimate physiological relationship which exists between certain portions of the reproductive system and the erectile nasal tissue. Clinical observation has shown him that—

1. In a fair proportion of women suffering from nasal affections, the disease is greatly aggravated during the menstrual epoch, or when under the influence of sexual excitement.

2. Excessive indulgence in venery seems to have a tendency to initiate inflammation of the nasal mucous membrane, or to aggravate existing disease of that structure.

3. The same is true in regard to the confirmed habit of masturbation.

4. The coexistence of uterine or ovarian disease exerts sometimes an important influence on the clinical history of nasal inflammation.

These observations, therefore, encourage the belief, if they do not establish the fact, that the natural stimulation of the reproductive apparatus, as in coitus, menstruation, etc., when carried beyond its normal physiological bounds, or pathological states of the sexual apparatus, as in certain diseased conditions, or as the result of their overstimulation from venereal excess, masturbation, etc., are often the predisposing, and occasionally the exciting causes of nasal congestion and inflammation. Whether this occurs through reflex action, pure and simple, or as the sequel of an excitation in which several or all of the erectile structures of the body participate, the starting-point of the nasal disease is, in all probability, the repeated stimulation and congestion of the turbinated erectile tissue of the nose. It is highly probable that this erectile area, so sensitive to reflex-producing impressions, is the correlative of similar vascular areas in the reproductive tract, and that the phenomena observed may accordingly be explained by the doctrine of reflex or correlated action.

Micro-Organisms of Croupous Pneumonia.—The occurrence of a distinct form of micro-organism in the sputa of persons affected with croupous pneumonia, already demonstrated by Friedländer and others, has been rendered still more certain by ex-

periments made in Holland by Drs. Poel and Nolen. The former, having exceptionable opportunities of examining the bodies of animals dead of pneumonia, found these micrococci in abundance, the capsule which has been described as their distinguishing characteristic being very plainly visible. Similar organisms were at the same time obtained from cases of pneumonia in the human subject, and specimens of each were cultivated in special media. The resulting micrococci were found to be microscopically identical. Inoculation experiments were then made with each cultivation separately, but the results obtained were again exactly similar. The identity of the virus in the pneumonia of men and animals would seem, by these experiments, to be clearly made out.—*Medical Times.*

Lupus and its Relation to Tuberculosis.—The controversy over the nature of lupus has been enlivened and infused with a new interest since Koch's discovery of the tubercle bacillus. The disease is a comparatively rare one in this country, and therefore its diagnosis from diseases similar to it has frequently not been accurately differentiated. It is still an open question, and at present a much mooted one, whether lupus is not a local tuberculosis. Friedländer, Volkmann, and many other authorities state decidedly that it is, while Virchow, with many others agreeing, thinks that it is not. Both parties argue from microscopical investigation, and arrive at their respective conclusions in an apparently convincing manner.

Koch's discovery of the tubercle bacillus is now being used as a factor in the determination of the nature of these two diseases, and in an important paper on this subject in the April number of the American Journal of the Medical Sciences, Dr. Robert B. Morison gives the results of his investigations in this direction, from which he concludes that the presence of tubercle bacilli in lupus has not been satisfactorily proven.

Ringworm, Chloasma, and Favus.—The three diseases, ringworm, chloasma, and favus are the cryptogamic affections of the human skin. They are all contagious, and spread by contagion only, and are quite incapable of spontaneous development. Let me emphatically state my belief, that none of them require any predisposing conditions, excepting youth. In all of them the first beginning of the growth is at a point, and from this point the fungus spread out at its edge, until a rounded area is involved. In ringworm only is there any tendency to the formation of rings, and, in spite of the name, this condition is exceptional; patches, not rings, are its ordinary condition. It is convenient to have one name for the whole family, and the name which has been adopted is that of *tinea*. Tinea favosa, or lupinosa, means favus. Tinea versicolor denotes chloasma; and tinea tonsurans, ringworm. But, employing the word tinea with this signification, we must get out of the habit of speaking of tinea tarsi, for the chronic inflammation of the roots of the eyelids—to which this latter name was formerly applied—has nothing to do with the presence of a cryptogam. Let the term tinea be wholly restricted to diseases which we believe to have been solely and wholly caused by the growth of a vegetable mold on the skin. Very interesting botanical questions arise as to the relationship and differences of the cryptogam present in these several diseases. But upon these I must not enter. We distinguish them under the microscope by the size of the threads and spores, and by the arrangement of the latter. But it is, as I have already hinted, by no means certain that these are not varying forms of the same fungus. They have received, however, different names, and by these we must know them. Professor Schönlein, the discoverer of the cryptogam in favus, has been honored by having the fungus named after him, the "Achorion Schönleinii." That of chloasma is named "Microsporon Furfurans," and that of ringworm, "Trichophyton Tonsurans."—*Mr. Jonathan Hutchinson, in the Medical Times.*

Sulphate of Copper in Obstetric Practice.—M. Charpentier recommends sulphate of copper as an antiseptic in obstetrical practice. He has tested it, and arrives at the following conclusions: Solution of copper at 100° acts both as an antiseptic and disinfectant; its use is agreeable to the patients. It can be used for vaginal and uterine injections without the slightest danger or pain, even when there is erosion of the epithelium. It is a more energetic hemostatic than iron-perchloride. It may be used during the first eight or ten days, and applied several times, if necessary, in the space of twenty-four hours. A lowering of the temperature, and the pulse becoming

slow, are the only results. M. Charpentier used a solution of sulphate of copper in treating an abscess of the urethro-vaginal septum. The following day the fetid odor had disappeared, also the general symptoms characteristic of septicemia. Carbolic-acid solution had proved useless. In a case of vulvular thrombus, the patient was completely cured by the use of sulphate of copper, and reparation of the tissues of the affected area was effected without the presence of a drop of pus. M. Charpentier recommends that the solution of sulphate of copper at 100° should be heated to 36° or 38° Cent. (96.8° or 100.4° Fahr.)—*Paris Correspondent of the British Medical Journal.*

M. Ferré, Chief of the Municipal Laboratory of Bordeaux, in a note on the microscopic examination of vaccine-lymph, read by M. Brouardel at the Académie de Médecine, states that vaccine lymph contains different structural elements, such as lymphatic cells, blood-corpuscles, more or less misshapen molecular granular carbonate of ammonia, and a micro-organism which he believes to closely resemble that described by Jolyet. It is held in suspension in the fluid, or is observed on the surface of the corpuscles. It is surrounded by a bright ring, which allows it to be distinguished from granules. It is easily mistaken among structural elements which have undergone degeneration, as their degree of refraction is similar; the structural elements remain fixed, but the micro-organisms are endowed with movement; they measure from one to two or three thousandths of a millimeter. Examined with a low power, they appear round or crescent-shaped; with a higher power, they present a superior convex surface, and an inferior more or less concave. Two prolongations are situated at the same diameter on the inferior surface. This micro-organism is generally agminated; it was observed in the blood of different animals after vaccination.—*Ibid.*

Boracic Acid.—At a meeting of the Vienna Medical Society, Professor Rosenthal observed that boracic acid is little soluble in water (one to twenty-six), but that a solution in hot glycerine (one to five) can be kept a long time without any fungus formations taking place. In cases of ammoniacal cystitis, in which balsams and turpentines are useful, but exert a mischievous effect upon the intestinal canal, as do also salicylic and benzoic acids, and in a slighter degree chlorate of potash—boracic acid, given in doses of from one to one and a half grams per diem, acts as a mild acid and a good antiseptic, the urine at the end of several days becoming acid and free of bacteria. If two grams are combined with one hundred of water, and some glycerine or syrup of orange-peel is added, the patient will bear this daily dose for weeks, the bladder being washed out also with a two- or three-per-cent solution of the acid.—*Allgemeine Wiener Medicinische, Wochenschrift; Medical Times.*

ARMY MEDICAL INTELLIGENCE.

Official List of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, May 11, 1884, to May 17, 1884.

Waters, William E., Major and Surgeon, ordered to report for temporary duty to the commanding officer at Plattsburg Barracks, N. Y. (Par 4, S. O. 90, Hdqrs. Dept. of East, May 10, 1884.) *Hubbard, Van Buren*, Major and Surgeon, relieved from further duty at Fort Stanton, N. M., and ordered to Fort Bayard, N. M., for duty. (Par 3, S. O. 96, Hdqrs. Dept. of Missouri, May 12, 1884.) *Moseley, E. B.*, Captain and Assistant Surgeon, assigned to temporary duty at Vancouver Barracks, Washington Territory. (Par 6, S. O. 59, Hdqrs. Dept. of Columbia, May 8, 1884.) *Wilcox, Timothy E.*, Captain and Assistant Surgeon, assigned to duty at Washington Barracks, D. C. (Par 2, S. O. 90, Hdqrs. Dept. of East, May 10, 1884.) *Wales, P. G.*, First-Lieutenant and Assistant Surgeon, assigned to duty at Old Fort Colville, Washington Territory, until further orders. (Par 3, S. O. 58, Hdqrs. Dept. of Columbia, May 7, 1884.)

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department United States Army, from May 18, 1884, to May 24, 1884.

Wilson, George F., First-Lieutenant and Assistant Surgeon, ordered to proceed to Fort Canby, Washington Territory, for temporary duty at that post, relieving Assistant Surgeon W. O. Owens, jr., U. S. A., who will report in person at these Headquarters for further orders. (Par 5, S. O. 62, Hdqrs. Dept. of Columbia, May 12, 1884.) *Sternberg, George M.*, Major and Surgeon, relieved from duty in the Department of the East, and ordered to report to the Surgeon-General of the Army for temporary dury. (Par 2, S. O. 115, A. G. O., May 17, 1884.) *Magruder, David L.*, Lieutenant-Colonel and Surgeon, ordered to be relieved from duty as medical director, Department of the Missouri, and to proceed to Philadelphia, Penn., and assume duties of attending surgeon and examiner of recruits in that city. *Fryes, Blencowe E.*, Major and Surgeon, from Dept. of Missouri, to Dept, of Dakota. *Ewen, Clarence*, Captain and Assistant Surgeon, from Dept. of Missouri, to Dept. of Platte. *Strong, Norton*, First-Lieutenant and Assistant Surgeon, from Dept. of Platte, to Dept. of Missouri. (Par 7, S. O. 115, A. G. O., May 17, 1884.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JUNE 7, 1884.

Original.

CRITICISMS, FROM A CHEMICAL POINT OF VIEW, ON SOME FAVORITE PRESCRIPTIONS.*

BY HENRY LEFFMANN, M. D.

The few points that I present to the college this evening will include little that is absolutely new, but I think the time will not be entirely wasted, as I know that the prescription list of most of our drug stores will give numerous examples of the violation of chemical principles here mentioned. My attention was called to this topic by my being shown by an apothecary a prescription calling for syr. hypophosp., tinc. ferri chlor., acid. phosp. dil.; concerning which he said that in the proportions ordered he could never make the mixture up clear. I examined the precipitate and found in it, as I had expected, a large proportion of the iron and other basic ingredients. This is a simple case of incompatibility. Turning the matter over in my mind, it has seemed to me that while some attention is paid to cautioning students as to the general nature of incompatibility, very little or none is given, especially in the shallow chemical teaching of many medical schools, to the properties and qualities of chemical substances in their relations to the animal tissues, and the manner of administration. I present here, therefore, a brief consideration of a few well-known remedies.

Under the name of *colorless tincture of iodine*, several preparations are used, depending for their popularity on the fact that they do not stain the skin. They are prepared either by the use of ammonia or of sodium sulphite or hyposulphite. They owe their particular property, or rather absence of property, to the neutralization of the iodine, and just to the extent that the iodine is decolorized is it to the same extent deprived of virtue. The free active affinity of the iodine, to which its local action must be due, is destroyed in these preparations, and the destruction is not slow or uncertain; in two of the methods mentioned it is sufficiently rapid and definite to be made the basis of a method of quantitive analysis. It is certainly difficult to see how any person could go so wide of simple chemical principles as to invent or employ this mixture.

Potassium chlorate, or, as it is still erroneously called by many, chlorate of potash, is a remedy concerning which extraordinary claims have been made, based upon most erroneous notions of its chemical qualities. It is employed in the laboratory as a source of oxygen; knowledge of this fact has led to its employment as an oxidizing agent in diseases which have been supposed to express deficient oxidation. I have nothing to say here as to the clinical results obtained from potassium chlorate in any disease—although I believe it is much less in favor than formerly—but I enter a protest against any advocacy of its usefulness as an oxidizing agent. Under temperatures and conditions such as that which it meets in the human system, it is one of the most stable of bodies, does not part with its oxygen or chlorine, and, indeed, will not begin to do so except under very high heat. I have found by actual experiment that ten grains of the salt kept for two hours at a temperature of 100° Fahr. in contact with an artificial gastric juice did not develop oxidizing qualities sufficient to oxidize one sixtieth of a grain of phosphorus. This experiment is merely confirmatory of what every-day experience with the substance teaches.

Potassium permanganate has been more or less in favor with physicians for a score of years. It is well known as an oxidizing

*Read before the College of Physicians, Philadelphia, April 2, 1884. Reprinted from advanced sheets of the Transactions.

agent, its powers in this respect are well marked. It is as little suitable for internal administration for such purpose as the body just considered, but for an opposite reason. Its chemical properties are developed by almost every substance, and in the doses in which it is given it will be decomposed and rendered inert very shortly after being swallowed. Within a very recent period the salt has come into notice as a remedy for amenorrhea, and great has been the tribulation of apothecaries. It has been given in pill form, and all the usual excipients have been unavailable. I have made a few tests of the permanganate pills now in the market, and I find with regard to those made by one of the most reliable houses in this city that the permanganate is all decomposed and converted into the insoluble manganese dioxide. The preparations of two other manufacturers, made up with some mineral excipient, probably kaolin, were in good condition, but as soon as placed in a mixture of hydrochloric acid and pepsin they begin to decompose into insoluble manganese oxide. These pills vary in strength from one eighth to one grain. This small quantity of permanganate certainly must soon decompose in the stomach, and the only virtue which it can have is from the manganese itself, and if this is effective, common sense would seem to suggest that the result could be best obtained by exhibiting some definite compound of manganese, such as the chloride or sulphate. When we consider the chemical relations of the salt and almost certain inertness of it in small doses, the gravity with which the learned English therapeutists, who recommended it in amenorrhea, have discussed the possibility of its producing abortion becomes almost burlesque. I do not desire, of course, to impugn the clinical observations that have been recorded on this point, but I feel obliged to say that if the insoluble and variable decomposition products of one eighth of a grain of potassium permanganate can affect the function of any one organ, then the difference between us and the apostles of the infinitesimal is small indeed.

I can not dismiss these two compounds, which owe their popularity to mistaken notions of their properties, without saying a word or two as to the exhibition of oxidizing agents. If rational therapeutics or physiological study indicates remedies of the so-called oxidizing class, then it will be found that no better agents are known to us than those which have long been in our hands. In nitric acid, nitro-muriatic acid, and chlorinated soda, we have substances which are sufficiently stable to resist the organic bodies of the saliva and gastric juice, and are sufficiently active to give oxidizing effects if such can be obtained by other than local action. I have grave doubts whether the nutritious fluids of the body can be oxidized by any method; but there can be no doubt whatever that such effect can not be attained by either a body—potassium chlorate—which yields its oxygen only at a red heat, nor by one—permanganate—that decomposes the moment it touches any form of organic matter. Some years since a correspondent in one of our medical journals gravely recommended the use of raspberry syrup to disguise the taste of potassium permanganate. It was of course entirely successful, the taste was destroyed, so was the compound.

Caffeine citrate is a remedy much in favor, and is a remarkable instance of how much physicians take for granted in the remedies they use. There is no caffeine citrate in the market, and it is doubtful whether such a salt can be prepared. The commercial preparations are either pure caffeine or variable mixtures of it with citric acid.

The manufacturers in this city each furnish a different article, except in cases in which they buy from a common source; and a house in a neighboring city furnishes an article which contains no citric acid. Some of the samples are purely bitter in taste, while others are distinctly sour. Analyses of some of the commercial salts are recorded in a paper read before the last meeting of the American Pharmaceutical Association by Dr. G. C. Wheeler. He found the quantities of caffeine varied from 96.5 per cent to 63.5 per cent; of citric acid from 63.5 per cent to 3.5 per cent; none of these figures correspond with the proportion of a true citrate.

It seems to me that accurate clinical observation can not be made with a preparation of so uncertain a character; for, as seen by these figures, the proportion of active ingredient may vary thirty-three per cent, and the lesson that these analyses teach us is that when the effects of caffeine are wanted they are best obtained by the use of the pure alkaloid, and not by a pretended and uncertain compound of it.

[We commend the above to the careful study of any doctor who may be inclined to look upon chemistry as a minor item in the medical college curriculum.]—Ed.

HISTORY OF A CASE OF PERIHEPATIC ABSCESS.*

BY EDWARD T. BRUEN, M. D.

Physician to the Philadelphia Hospital, Demonstrator of Clinical Medicine in the University of Pennsylvania.

The accompanying specimen exhibits an abscess which has occured between the diaphragm and the liver. The abscess contained nearly a pint of laudable pus. The superior wall of the abscess was the diaphragm and the inferior the perihepatic capsule; the hepatic substance was not involved; indeed, the liver was normal. There were evidences of catarrhal inflammation in the colon, and one or two nearly cicatrized ulcers. The only other lesion in the body was found in the right pleural cavity, the lower portion of which was obliterated by inflammatory adhesions.

The clinical diagnosis presented some interesting features.

The patient, a young man aged twenty-eight, was admitted to the Philadelphia Hospital November 30, 1883. His previous history indicated that he had suffered from an attack of dysenteric diarrhea four weeks before his admission, although he had convalesced from this attack. He was evidently much emaciated. The temperature until December 8th ranged from 100° to 102°; from December 14th, from 99° to 101°, after which it never rose above 99.4° in the evening, and was always 98° in the morning; this continued until the fatal termination of the case on the 20th instant. The pulse was usually above 100. There was occasional sweating; no chills. Extreme tenderness was felt over the hepatic region, associated with pain during the first ten days; the hepatic dullness extending four inches in the nipple line, and about five inches in the axillary region. Physical examination of the chest upon the right side revealed the evidences of a dry pleurisy; there was some cough, which was dry and hard, but not very annoying. Appetite and digestion were fairly good. Urine normal.

The diagnosis of hepatic abscess was made during the first week, chiefly because the symptoms of hepatic lesion, already detailed, were antedated by dysenteric diarrhea. The pleural lesion was regarded as a secondary inflammatory process engendered by hepatic disease. On December 10th all symptoms of pain and tenderness had vanished; the patient's strength, appetite, and general condition markedly improved; the temperature had fallen to 99°, so that the diagnosis was revised to that of perihepatitis. From December 10th the improvement continued until the 20th, when, after an attack of vomiting, the patient suddenly died.

The autopsy appeared to prove that the inflammation which resulted in the formation of the abscess was primary in the pleura, and the secondary irritation developed the local peritoneal process.

The symptoms of abscess in the hepatic substance are frequently latent. I recall one instance of a patient, admitted October 9, 1877, who walked to the hospital and remained under treatment until the 15th, suffering from apparent remittent fever. The day of his death he rose, in the absence of the nurse, and walked down stairs to smoke a pipe; that afternoon he had a hemorrhage from the bowels and died. The temperature of this patient was between 99° and 101°, and the clinical diagnosis was remittent fever, or typhoid of the variety called ambulatorius. The autopsy revealed an abscess about the size of a fetal head, occupying the convexity of the right lobe of the liver.

In the case I have reported this evening, the subsidence of pain and tenderness, and the temporary improvement of the patient, certainly misled me. Under similar circumstances, I should certainly introduce an aspirator, as I was inclined to do in the beginning of this case, because I am satisfied that the healthy liver can be punctured by a fine needle without damage, whereas either a hepatic or perihepatic abscess may at any time prove fatal by rupture.

Finally, if my explanation of the etiology of this abscess is correct, the case is interesting, as showing the relation of pleurisy to serious perihepatitis.

PHILADELPHIA, PA.

*Read before the Philadelphia College of Physicians, April 2, 1884. Reprinted from advanced sheets of the Transactions.

Miscellany.

WHAT IS A GUM?—In connection with the oft-repeated statement in the newspapers, that several of the important gums produced in Arabia and the Soudan, notably the gum-arabic, were greatly enhanced in price by the occurrence of the war, the interesting question arises, What is a gum? But little has been known regarding the formation of the remarkable exudations

from certain trees called "gums." Quite recently it has been found that, by making an incision in the limb of a peach, apricot, plum, cherry, or other trees bearing stone fruits, and inserting a bit of the gum under the edge of the wound, an immediate formation of gum in copious quantity took place. These and other experiments lead to the belief that gums result from diseased action in trees, and that the disease can be set up by inoculation, just as smallpox is started in the human organization by similar means. Different diseases in different trees give us dissimilar gums, as arabic, tragacanth, and probably many resins and gum-resins. A flesh-wound on any part of the body forms an inlet for atmospheric bacteria, which produce inflammation, suppuration, and the out-flow of pus: wounds on trees allow of the ingress of peculiar bacteria which produce tree-fever and the exudation of morbid matter called "gum." How strikingly alike are vegetable and animal growths! —*Popular Science News.*

Medicine and Medical Men in Denmark.—The coming meeting of the International Medical Congress to be held in Copenhagen, makes Denmark just now a point of professional interest. The Lancet is publishing a series of very interesting letters relative to this question, from the second of which we extract the following:

In proportion to the population of Denmark, the number of Danish medical men is large, as is the case in almost every country. In the city of Copenhagen, where the inhabitants number some two hundred and fifty thousand, there are more than three hundred and fifty doctors, of whom about two hundred and fifty are general practitioners, the remainder being mostly either young medical men in the hospitals or elderly gentlemen who have retired from practice. There is no difference made between surgeons and physicians, inasmuch as all have to pass the same examination at the University, and this gives the whole profession a uniformity which does not exist in England. With the exception of a few specialists and surgeons, the majority of medical men are general practitioners, and it is customary for each household to have its own doctor, who, in return for his services, receives a fixed annual fee varying in amount according to the means of the family. This arrangement is attended with its advantages and disadvantages, but is generally thought satisfactory to both parties concerned. It tends to make the incomes of the medical men more fixed and permanent, and it affords the patient the opportunity of calling in his doctor for what may be either serious or trifling complaints. As an illustration of this latter, there is a trustworthy story of an elderly lady sending for her doctor late at night because she was troubled in her mind as to whether it would be prudent for her to eat a baked apple the first thing in the morning.

In Denmark medical men hardly ever attend normal deliveries. These cases are left entirely to midwives, who have to attend a midwifery school at the Lying-in Hospital for the greater portion of a year, and then to pass an examination previous to being allowed to practice. Of late, however, there has been a movement in the medical profession in favor of general practitioners undertaking these cases, though as yet the movement has not met with much success. A change which would probably meet with most approval would be for educated ladies, qualified as midwives, to undertake these cases. At present their number is small.

The social position of members of the Danish medical profession is almost the same as in England, excepting that there are very few who have large incomes from their practice. Fees, as in England, are here considered only a *pium désideratum*, and are as a rule much smaller. Consequently a man with an average income is only tolerably well off, but as wealth is more equally divided in Denmark than in England, a small income has not the same significance. While one meets with few millionaires, but few paupers are to be seen. One observes in the streets of Copenhagen nothing approaching the luxury in the outward appearance of life which prevails in England, but at the same time one does not encounter rags and misery, and such a thing as death from absolute starvation has hardly ever been heard of. The result of this financial equality is that money has not the same importance attached to it as in England, consequently that perpetual struggle to keep up appearances (an expression which does not exist in the Danish language) is unknown here, a man's education rather than his account at his banker's forming his passport into social circles.

There exists a good understanding between the Danish medical profession and the general public. One very seldom hears of a medical man being judicially accused of

faults in treatment, and a fine in such cases is almost unknown. Such a thing would be ruin to any practitioner, as his case would soon be public property in a small country like Denmark. There is, too, a decidedly good feeling among the members of the profession themselves, at least in Copenhagen. There are, however, very few medical societies and clubs, partly owing to the fact that clubs do not flourish in this country, and partly because medical men, being chiefly practitioners, have very little time to spend outside their homes. This is also the reason why there are comparatively few Danish medical authors.

Seventy Cases of Dupuytren's Contraction of the Fingers.—Mr. Noble Smith communicated a paper on this subject to the Royal Medical and Chirurgical Society, Tuesday, March 25, 1884, of which the following is an abstract:

Upon examination of the hands of seven hundred elderly people, seventy cases of indurated and contracted palmar fascia were found. The points to which attention was chiefly directed were (1) the supposed immunity of females from the affection; (2) the cause of the malady; (3) its treatment. 1. Among four hundred and forty women were found fifteen cases of indurated, thickened, and contracted fascia alone, and also eleven cases of well-marked Dupuytren's contraction of the fingers. Drawings of some of these cases were shown. 2. As the disease had been attributed to gout or rheumatism, inquiries were directed as to these diseases, and the evidence was against their being the cause. The majority of the individuals were free from common complaints, and seemed tolerably robust; they were mostly old people, the average age being seventy-three; twelve were over eighty. Most of them attributed the contraction to some particular kind of work. The much greater frequency with which the right hand was found affected, led one to the supposition that *use* has a material influence. In some cases the hands had, however, been very little used. Some cases occurred from injuries in which the contraction and thickening were exactly similar in appearance to the others. In many cases the hands were affected symmetrically, indicating some other than a local cause. Contraction of the palmaris longus was almost constantly present, and it was thought possible that this might indicate a condition of nerve irritation in some instances. 3. With regard to treatment, the author recommended operation upon the contracted bands of fascia by as few incisions as possible, as opposed to the recommendation that many incisions should be made, the object being to separate the cut parts as much as possible, so that recontraction would be prevented. Cases were recorded to prove the value of this recommendation. It was probable that section of the palmaris longus tendon might be beneficial in the early states of contraction.

Preserved Meat.—Drs. Ungar and Bodländer, of Bonn, have recently been engaged in making an inquiry as to whether the contents of preserved meat-tins contain any appreciable quantity of the metal of which the tins are composed, and the conclusion they have arrived at is that a not inconsiderable quantity of tin passes over into the conserve. They could not decide upon the precise form in which the tin was present, but they ascertained the fact that it was not in a soluble form, or, at any rate, in a combination not readily soluble. Experiments on dogs and rabbits showed that the tin was absorbed by the intestinal mucous membrane, and it was detected in the urine, heart, liver, kidneys, spleen, brain, and muscles. They explain the fact of so little being heard of tin-poisoning in human beings by the comparatively recent introduction of tinned meats as an article of food, by their high price leading to a minimum consumption, and finally to the presence of other metals, especially lead, used in soldering, to which symptoms of poisoning, when such do occur, are generally attributed. It is important that our knowledge on this point should be accurate and beyond doubt, as tinned meats are much used among us, and if the danger is real, the best safety will lie in facing it.—*Medical Press.*

Nerve as a Barometer.—The fact of a relation between neuralgic pain and meteorological conditions is generally understood. The coming change of weather is responsible for many of the aches and pains the nervous system is heir to. Depression of spirits and rheumatic pains are generally associated with a falling barometer and storm-brewing conditions. Unusually severe neuralgic attacks coincide with unusually intense storm development. To establish in his own case the relation of pain and weather, Capt. Catlin, of the U. S. Army,

made a regular and detailed record, in connection with the variations of the weather, of the variations of the neuralgic pains with which he is afflicted. Captain Catlin's foot was crushed by a shot in 1864, and it was necessary to amputate his leg below the knee. He continued to experience sensations of pain, as if in the lost member, these sensations being greater or less according to the atmospheric disturbance. He found the winter months to be the greatest pain-producers. Arranged in months, March naturally, as one would suppose, took the lead. Then came in order January, November, December, May, February, April, August, October, September, July and June. He traced the average distance of the storm-center at the beginning of the pain attack by investigating sixty well-defined storms in a period of ten consecutive months. This average distance was six hundred and eighty miles, the range being from two to twelve hundred miles. It is curious and interesting information that at the beginning of our neuralgic attacks the storm development causing them may be a thousand miles away.—*Cincinnati Commercial Gazette.*

Lemonade *v.* Wine: a Sign of the Times.—In accordance with a very ancient custom, on Easter Tuesday the scholars educated at Christ's Hospital, which is better known as the Blue-coat School, went in procession to the Mansion House to see the Lord Mayor, and received from him the usual gifts of new coins. The boys, seven hundred and forty-five in number, were mustered in the Egyptian hall, and shortly before two o'clock they marched in procession through the saloon, each boy as he passed being presented by the Lord Mayor with a coin fresh from the Mint. Each of the boys had the option of taking a glass either of port or sherry; but it was a noticeable fact that a large number refused to drink any wine, but availed themselves of the offer of lemonade, which was liberally provided for them—*Mineral-Water Trade Review.*

Death of Walter N. Hill, a Distinguished Chemist.—By the fearful explosion on Saturday morning, March 29th, of the nitro-glycerine factory at Gibbstown, N. J., Walter N. Hill, the superintendent, instantly lost his life. Mr. Hill, after graduating at Cambridge, entered the laboratory of the editor of this journal in 1869, and was for a considerable time in his employ. He was an accomplished chemist, a most amiable and estimable man, and we deplore his loss greatly. Probably no chemist in the country possessed a more thorough knowledge of the chemistry of explosives than Mr. Hill.

The explosion in which Mr. Hill lost his life was one of the most terrible on record. Besides Mr. Hill, Lammot Dupont, president of the Repauno Chemical Works, E. Harry Norcross, superintendent, George Norris, foreman, and A. S. Ackerson, chemist, were instantly killed. The explosion shook the earth for a distance of six miles, and great destruction was caused by it.—*Popular Science News.*

Old Times.—From a French state paper, lately brought to light, it appears that in 1770 the following Parliamentary decree was solemnly passed and duly registered under King Louis XV: "Whosoever, by means of red or white paint, perfumes, essences, artificial teeth, false hair, cotton, wool, iron corsets, hoops, shoes with high heels, or false hips, shall seek to entice into the bands of marriage any male subject of His Majesty, shall be prosecuted for witchcraft, and declared incapable of matrimony."

A Swarm of Quacks.—It is said that recent legislation in neighboring States has driven so many quacks into Iowa that the regular profession are seriously considering the ways and means by which these pests may be legally driven forth to forage in distant States.

Very Successful.—Punch is responsible for the following: "First Country Doctor: Could you come to my place, Brown, tomorrow morning? Second Country D.: All right, old man; what is it? First C. D.: Well, I've had a case of endocarditis, which I've very successfully treated with *convallaria majalis*, and I want your help with the *post-mortem*."

Medical College of Ohio.—The faculty of the Medical College of Ohio has decided to hold a preliminary examination of all candidates for admission to the lecture classes, in the absence of a diploma or other evidence of sufficient literary training. A chair of Hygiene has also been created.

Died in the Harness. — Dr. B. H. R. Davenport, of Nanticoke, Pa., recently fell dead while engaged in dressing a wound.

The Louisville Medical News.

Vol. XVII. SATURDAY, JUNE 7, 1884. No. 23

H. A. COTTELL, M. D., - - - - - - - - Editor.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editor is not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITOR OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

THOMAS J. GRIFFITHS, M. D.

Dr. Griffiths died suddenly in Louisville on Sunday, June 1st, at the age of fifty-eight. He entered the medical profession in this city in 1852, and from this date until about seven years ago, when he became partially disabled by a severe attack of rheumatism, he was actively engaged in practice. Dr. Griffiths was a man of vigorous health and of great physical and mental activity. Though, like Cæsar, "he believed in himself," he never allowed this confidence to lead him into any vain or false estimate of his capabilities. Beginning life as a poor young man, he worked unceasingly and with singleness of purpose in the line of legitimate medicine, and soon attained professional success, worldly prosperity, and abundant influence. Though well known in this city as a physician of large practice, his reputation abroad depended chiefly upon his labors as surgeon in the U. S. Marine Hospital Service. He discharged the duties of this important office in this city for seven years with signal ability, when failing health compelled him to relinquish the work.

He goes out from the midst of a large circle of sorrowing friends, who admired his devotion to medicine, and held in high esteem the many gentler traits of his positive, manly character.

His wife and only son, Dr. William Mandeville Griffiths, survive him.

THE TAPEWORM UNDER CHLOROFORM.

A correspondent of the Medical and Surgical Reporter has recently treated several cases of tapeworm with the following prescription: "Chloroform, ext. fil. maris, āā f. ʒj; emul. ol. ricini (50 per cent), f. ʒiij. M. Sig: To be taken at once after a fast of twenty-four hours." In every case the medicine was well borne and the tapeworm expelled entire. In two cases the male fern was omitted; but the result was the same as with those patients who took the latter drug.

It would seem, from the above, that chloroform is a promising anthelmintic; but to prove the point, the observer should try it without the oil; though doubtless an emulsion would be a necessary vehicle for the drug, since it would delay the absorption of the chloroform, and thus allow it to pass into the intestine, where it could exert its full force upon the parasite. It might also be interesting to note the real effect of chloroform upon the tapeworm, whether it kills the parasite outright, as its vapor is well known to do in the case of many insects, spiders, etc., or whether it merely relaxes the tissue which maintains such an adjustment of the hooklets as is essential to their firm hold upon the intestinal mucous membrane.

If the latter hypothesis prove true, the oil or some other cathartic will be necessary; but the new treatment will add luster to the already brilliant record of anthelminthology, since it leads the older methods in being scientific, strategic, and humane. For the tapeworm, being made to let go his grip under the relaxing influence of the anesthetic, is caught napping by the cathartic which pushes him gently down the intestinal tract and into the outer world before he recovers from the effects of the chloroform.

We believe that this method of treatment will commend itself to the leaders of the humane and antivivisection movement throughout the land, for while it will be conceded that the old methods of tapeworm persecution, through the administration of cowitch, male fern, and pumpkin seed, or brutal attempts to wind him out upon a stick, are unkind if not cruel, it is probable that even Mr. Bergh himself would not object to his gentle dejection under the influence of an anesthetic, provided the animal is not suffered to regain consciousness in the open air on a cold day, or thrust into the inevitable bath of alcohol before the vital spark is quenched.

SURVIVAL OF THE FITTEST.

Prof. Huxley, says a Record correspondent, was once asked by a clergyman to explain, in the light of evolution, how it is that the Jews continue to be born with foreskins, notwithstanding the fact that circumcision has been practiced among them for thousands of years. The naturalist answered, aptly, "There's a divinity that shapes our ends, rough-hew them how we will."

This way of sparing one's self the pains of answering a difficult question by a witty turn upon a poetical quotation recalls a similar use of the same means made by a clergyman of a past generation. A lawyer asked him why ministers were ever busying themselves with public disputations in theology, while lawyers so seldom engaged in open controversy upon points of law. "The explanation is easy," said the minister. "Hear how Milton answers the question:

'Devil with devil damned
Firm concord holds, *Men* only disagree.'"

SMALLPOX ON THE SEA.—The steamship Peoria recently arrived in the port of New York with five cases of smallpox on board. The ship was held in quarantine, and the patients removed to the Riverside Hospital. Three new cases are said to have developed on the ship since her arrival.

Obituary.

DR. THOMAS J. GRIFFITHS.

The physicians of Louisville met at the hall of the public schools, on the 3d instant, in respect to the memory of Dr. Thomas J. Griffiths. Dr. T. S. Bell was called to the chair, and Dr. Cary B. Blackburn was made secretary. Drs. Satterwhite, Holloway, and Ronald were appointed a committee to draft suitable resolutions. After some appropriate remarks by Dr. Holloway, the following resolutions were adopted:

Death has again invaded our ranks and taken from us our brother, Dr. Thomas J. Griffiths. Only a few years ago he seemed to be the very embodiment of robust and vigorous health, but his summons came, and at the by no means advanced age of fifty-eight years he has departed this mortal life. Warnings such as this have fallen upon us frequently of late, and we give them but little heed. We know not what a day may bring forth. Of death Mrs. Hemans says:

"Thou art where billows foam,
Thou art where music melts upon the air;
Thou art around us in our peaceful home,
And the world calls us forth—and thou art there.
Thou art where friend meets friend,
Beneath the shadow of the elm to rest;
Thou art where foe meets foe, and trumpets rend
The skies, and swords beat down the princely crest."

These admonitions should not be permitted to pass unnoticed.

Dr. Griffiths was born in Southern Wales, but was soon transferred to England, where he received his education. At an early age he came to America and settled in Philadelphia. From that city he removed to Louisville, where he has since resided. In 1852 he was graduated in the Kentucky School of Medicine, and for many years was an active and laborious practitioner of medicine. When Sherman marched in the night to Rolling Fork to defend Louisville, Dr. Griffiths went along with the expedition, and the soldiers often recall the fact, that he was the life and joy of the camp-fires. He little dreamed then that Sherman's march to Rolling Fork was the prelude to Sherman's "March to the sea." Upon the return of Dr. Griffiths to the city, he was engaged in attendance upon the Military Barracks, and in every way possible made himself useful to the Government. In 1869 he was appointed surgeon of the U. S. Marine Hospital, and remained in this service until 1877, when his failing health warned him to retire.

One of his most endearing traits was his devotion to his brother, Dr. David Griffiths, who was struck down suddenly in the midst of an active practice with softening of the brain, in which the years that since have rolled away have given no glimmering hope for restoration. His tender care of that beloved brother has long claimed our admiration and approval. It was a duty nobly and faithfully performed.

In view of the many faithful services of Dr. Thomas J. Griffiths in the arduous duties of his

profession, extending through a long series of years, be it

Resolved, That we deeply deplore the loss our profession has sustained in the death of Dr. Thomas J. Griffiths; his life being devoted to its duties so long as his health permitted him to act.

Resolved, That as many of his surviving brethren as can do so attend his funeral.

Resolved, That we tender to the family of Dr. Griffiths our heart-felt sympathies in the grievous bereavement that has overtaken them.

Resolved, That these proceedings be published in the city papers and in the medical journals of Louisville and Philadelphia.

Bibliography.

Bacteria and the Germ Theory of Disease. Eight lectures delivered at the Chicago Medical College. By Dr. H. GRADLE, Prof. of Physiology, Chicago Medical College; Occulist to the Michael Reese Hospital. Chicago: W. T. Keener, 96 Washington Street. 1883.

The prominence given to the "Germ Theory of Disease" by the pathologists of the day has made works like the volume under notice a necessity to the practitioner. The volume is an octavo of two hundred and nineteen pages, and deals with the question rationally, scientifically, and quite as fully as the necessary limitations of a short course of lectures will permit.

The author has placed before the reader every species of micro-organism of pathological significance known at the date of his treatise, discussing not only their habits and relation to disease, but also some of the means by which they may be practically studied.

No physician who wishes to keep abreast with the times in this important department of pathological research will fail to appreciate Dr. Gradle's useful work.

The Relation of Animal Diseases to the Public Health, and their Prevention. By FRANK S. BILLINGS, D. V. S., graduate of the Royal Veterinary Institute of Berlin, member of the Royal Veterinary Association of the Province of Brandenburg, etc. New York: D. Appleton & Co. 1884.

This work, as the title suggests, is devoted principally to the hygienic aspect of the subject under discussion. It is written for the instruction of the American public, and deals with the history, means of recognition and prevention of those diseases which are wont to affect domestic animals, leaving the question of treatment to those who are scientifically qualified for such work.

The author displays a perfect familiarity with his subject, and handles it practically, systematically, and with enthusiasm. The learned and the unlearned may read it with equal pleasure and profit, and we believe that the work will do much to protect society against a growing menace to health. The author lays especial stress upon the necessity of dealing promptly with all sick animals, and rebukes that ignorance and carelessness in the raising of animals intended for human food which so often lays them liable to disease, with serious damage to the health of the consumer. His remarks upon the duties of law-makers and sanitary officers relative to this question are full and significant, and should be carefully read by those who watch over the public health.

Dr. Billings is already well known to the medical profession through certain able and timely contributions to the medical journals, and this, his first extended and systematic work, will doubtless be well received.

Year Books of Medical Progress: A year book of Therapeutics for 1883. Edited by ROYAL W. AMIDON, M. D. New York: G. P. Putnam's Sons & Co. 1884. Price, $1.50.

This volume is one of a series of works designed to pass in review the progress made in the several leading departments of medicine during the past year. It is new in subject-matter, concise in text and of such compass that it may be easily read in two or three sittings. Medical periodical literature is drawn upon largely for facts, and it will be found that the editor has omitted few important new drugs or therapeutical investigations which have come to light during the past year.

Kairin, the new anesthetics, convallaria majalis, the new uses of corrosive sublimate and oxygenated water, and experimental studies on the physiological action of iodoform are among the most noteworthy and interesting topics discussed.

We see no allusion to the nitrate of sodium, the value of which in the treatment of angina pectoris was demonstrated by Law, Murrell, and Ringer late in 1883, but the book may have been in press at the time when these investigations were made public.

The proposed use of atropia before the performance of great surgical operations, as a preventive of death from shock (cardiac inhibition) is also not mentioned, but this, being set forth upon theoretical grounds merely, was probably intentionally passed

over as not properly coming within the scope of the volume. These minor points aside, the work is certainly a most creditable performance, being rich in matter and judicious in comment. We can recommend it to our readers as abundantly worthy of careful perusal.

Year Books of Medical Progress: A year book of Surgery for 1883. Edited by CHARLES H. KNIGHT, M. D. New York: G. P. Putnam's Sons. 1884. Price, $1.50.

This book is uniform with the Year Book of Therapeutics. As in the companion volume, the medical journals are drawn upon for the subject-matter, which the editor has carefully sifted and reset with comments which materially enhance its value. As an attempt to systematize and bring within easy reach of the practitioner the large number of new observations, devices, and operations, which in the rapid advance of surgery have been scattered profusely through the pages of the various medical journals during the past year, and which can only slowly find their way into the great works on surgery, the work is successful, and can not but be useful.

An act to Amend and Reform the Common School Laws of this Commonwealth (Kentucky).

Verbatim Report of the Reception to Lawrence Barrett. By Wilson Barrett. Langham Hotel; London, England, April 2, 1884. Clement, Smith & Co., Printers, 317 Strand, London, W. C.

Federal Aid for Education. Report to accompany bill, H. R. 4980, to aid temporarily in support of common schools. By Albert S. Willis, of Kentucky, House of Representatives, February 25, 1884. Washington: Government Printing-office. 1884.

A Manual of Obstetrics. By F. A. King, M. D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbian University, Washington, D. C., and in the University of Vermont, etc.; with fifty-nine illustrations. Second edition. Philadelphia: Henry C. Lea's Son & Co. 1884.

Science and Singing. By Lennox Browne, F. R. C. S., Edin., Senior Surgeon to the Central London Throat and Ear Hospital, Surgeon and Aural Surgeon to the Royal Society of Musicians; Author of "The Throat and its Diseases," "Medical Hints on Production and Management of the Singing Voice," etc. London: Chappell & Co., 50 New Bond Street, W. 1884.

Illustrations of the Influence of the Mind upon the Body in Health and Disease, designed to elucidate the action of the imagination. By Daniel Hack Tuke, M. D., F. R. C. P., LL. D., late president of the Medico Psychological Association, joint author of the "Manual of Psychological Medicine;" and co-editor of the "Journal of Mental Science." Second American from the second English edition. Philadelphia: Henry C. Lea's Son & Co. 1884.

"What and Why." Albert A. Pope, 597 Washington Street, Boston, Mass. A well printed little volume upon cycling matters. "Some Common Questions" are answered in the plainest and most concise language, the answers giving a complete history of cycling, its growth, usefulness, and popularity. A chapter entitled "Legal Lifts" cites every bicycle case brought before the courts, and fully explains the rights of wheelmen. The book also gives comparative records in walking, running, rowing, skating, trotting, tricycling, and bicycling; and closes with extracts from the public utterances of certain professional and public men. The humorous sketch "A Preparation of Iron," by the author, Chas. E. Pratt, Esq., has a moral, and is well worth reading.

Correspondence.

LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Editor Louisville Medical News:

Since the action brought by Mrs. Weldon against Dr. Winslow, the eminent authority upon diseases of the brain, for false imprisonment, the present attitude of public opinion toward the Lunacy Laws is not favorable. As Baron Huddleston remarked at the trial, the law at present stands so that "an order can be made by any body on the statement of any body, and any two gentlemen—provided they have a medical diploma, examine the patient separately, and are not related to the keeper of a lunatic asylum—can commit any person to seclusion, which, from its very nature, is imprisonment of the most painful and hopeless description to a man or woman whose intellect is reasonably sound. Such a system, to

use the Baron's language, is positively shocking, and, no matter whether abused or not, ought never to have been permitted. So long as it is the interest of unscrupulous relatives or other persons to have a particular individual shut up in a mad-house, so long will they find little difficulty in discovering two medical men legally "qualified," in the technical sense, to perform the necessary formalities. The vicious point in the routine is that no surety is exacted that the person signing the order is not doing so for a pecuniary or other sordid consideration, or that the certifying doctors are morally or professionally capable of performing an act of this grave nature. It is affirmed that not one medical man out of a dozen has received the necessary training or has the experience required for testing the sanity of the person he is called upon to examine. Of course it is easy to say a raving madman ought to be shut up or to declare that a congenital idiot is incapable of managing his own affairs, but the majority of the inmates of asylums do not consist of these extreme forms of mental infirmity. It is especially felt that the law must be altered with regard to private establishments. The relatives of the class of people patronizing these, admitting that they are actuated by the best of motives are naturally anxious to avoid exposure, and in order to conceal the saddest episode in their family history, are often only too glad to get through the necessary formalities as speedily as possible. Then, again, the proprietors of the establishment have a direct gain by the patient's stay being prolonged. Painful though the duty may be to the relatives, what is required is publicity, and it is now proposed that the law be so altered that the doctors and the men who sign the certificate must go before magistrates, and that the inspection of the commissioners shall be open to all who are concerned or who sympathize with the patient; and it is therefore satisfactory to learn from the Lord Chancellor that something in this direction will before long be done.

The medical electricians are in high dudgeon, and justly so, it would seem, because they are to be kept out of the Health Exhibition which is soon to be opened under most conspicuous surroundings. Two classification papers were sent to applicants for space, in the first of which appliances for the cure of disease were apparently given a department, but in that issued later they were entirely shut out. On demanding an explanation the electricians were told that the sub-committee had decided to exclude every thing which was curative from the exhibition. The medical electricians put a very natural construction of their own upon this singular conduct, and are asking if professional jealousy is to be allowed to keep them out of an exhibition in which they consider themselves entitled to a place.

Dr. Andrew Whyte Barclay, who two years ago gave up the more active duties of Senior Physician to St. George's Hospital and went upon the consulting staff, died suddenly at his country home on April 24th. He was the author of many works upon the heart as well as upon sanitary measures. He will be missed by many old St. George's men, with whom he was a great favorite.

The heads of the University at Edinburgh have to be congratulated upon the successful manner in which their tercentenary meeting and celebration went off. On all hands the visitors seem to be highly delighted with their short visit in the modern Athens.

Dr. Archer, of Liverpool, at a meeting of the Medical Society, gave the following interesting clinical notes upon a case of typhoid fever under his care, in which he had used kairin. A youth, aged nineteen, was admitted to the hospital in a desperate condition, almost moribund, with a rapid and feeble pulse, and a tendency of the temperature to keep up between 104° and 105°. Although the case terminated fatally, the drug proved most efficacious in rapidly lowering the temperature. On one occasion the temperature was found to have fallen more than a degree in a quarter of an hour after the administration, and on another a depression of over seven degrees was observed two hours after. It also had a beneficial effect on the pulse. On several occasions the patient was apparently rescued from a state of collapse, with lividity of the face and extremities, and placed in a condition of comparative safety and comfort, so much so that a faint hope of recovery was entertained. The anti-pyretic action was usually accompanied with rather profuse sweating. It was given in seven and a half grain doses every hour, with periods of remission when the temperature was brought within bounds, and repeated as soon as the temperature showed signs of rising. Three-grain doses did not appear to have much effect. The patient was under treatment for only thirty-six hours, and during that time over one hundred and

forty-four grains of kairin were given; it was used dissolved in mucilage and water.

Dr. Burton stated that Dr. Queirolo, of Genoa, had lately been employing kairin subcutaneously, with the result that a much smaller dose was required, and its effects lasted much longer, than when given by the mouth.

Attention has been called to the fact that many medical men confound the uses of the chlorate and chloride of potassium. The former is a good remedy when used as a gargle for the throat, but few physicians are aware that it is not this remedy which is so successful in mercurial stomatitis, but the chloride of potassium. Dr. Werlheim draws attention of physicians especially to this fact. He reminds them that the formula for chlorate of potassium is $KClO_3$, but that the chloride is KCl. He says that the chlorate should never be used, as in concentrated solution it may even prove very hurtful, while the chloride is very harmless as a specific in sore throat and in mercurial sore throat.

Dr. Koch, of the German Cholera Commission, has returned, after an absence of about eight months in Egypt and India. He has been received with enthusiasm, and is shortly to be given a professorship in Berlin.

The Jacksonian Prize has been awarded this year (at a council meeting of the Royal College of Surgeons) to Mr. Fred K. Treves, F.R.C.S., Assistant Surgeon to the London Hospital, Examiner in Anatomy at the University of Aberdeen, for his essay on "The Pathology, Diagnosis, and Treatment of Obstruction of the Intestines in its various Forms in the Abdominal Cavity."

Mr. Arnold Royle, the private medical attendant upon the late Prince Leopold, and who was with him during his fatal illness at Cannes, has had conferred upon him the Companionship of the Most Honorable Order of the Bath, for long and faithful services upon His Royal Highness.

St. George's Hospital has had a windfall by the death of Mr. Wm. King, well known in art circles. He has bequeathed £100,000 to that institution.

LONDON, June, 1884.

THE ILLINOIS MEDICAL PRACTICE ACT.

Editor Louisville Medical News:

Recent decisions in two cases, one under the Act to Regulate the Practice of Medicine in Illinois, the other under the Dental Surgery Act, sustain the right of the State Board of Health to determine the status both of a college and of a practitioner. Under the latter act the Supreme Court refused the petition of Isaac N. Sheppard for a writ of mandamus to compel the State Board of Dental Examiners to issue him a certificate or license based upon a diploma of the Indiana Dental College. The Board refused the license on the ground that the college was not a "reputable" institution. It was argued that the law constitutes the Board judges of the standing of a college, and there is no power of review vested in any other body. "If the Board should arbitrarily or unreasonably abuse their discretion, and refuse a license without any reason therefor, there is a remedy for such abuse of a discretionary power." But there was no ground for claiming that this was the case in the present instance.

The Board, in its judgment, had decided that the curriculum of study and requirements for graduation of the Indiana Dental College were not such as to entitle it to be classed as "a reputable dental college;" and there is no power in the law given to any person or body to review and set aside, or confirm, the exercise of the discretion by the Board. The petition for a mandamus was denied.

In the case of the State Board of Health against C. Buel Rice, of Cincinnati, a graduate of the Medical College of Ft. Wayne, tried in the Sangamon County Court, the defense set up the plea, that being a graduate of a "legally chartered medical institution in good standing," the defendant was entitled to the certificate of the Board, and that it was not competent for the Board to inquire into the moral or professional character of such graduates. On the part of the prosecution it was shown that charges had been presented to the Board alleging that Rice was in the employ of, and associated with, the "K. & K. Surgeons," a firm of advertising quacks from Cincinnati and elsewhere, and that, in various ways connected therewith, his conduct was unprofessional and dishonorable within the meaning and intent of the Medical Practice Act. Upon these charges the Board had refused to issue Rice a certificate until he had disproved the same. Instead of making any attempt at such disproof, Rice continued to practice; whereupon he was arrested for practicing without the necessary certificate.

The facts were admitted by the defense, but, as already stated, the court was asked to dismiss the suit on the ground that it was

obligatory on the Board to issue its certificate to the possessor of a genuine diploma of any "legally chartered medical institution in good standing," regardless of the moral or professional status of the individual. This the court declined to do, but found the defendant guilty, and assessed a penalty of fifty dollars fine, and costs. *

Editor Louisville Medical News:

Your recent article, titled a Toxicological Pseudonym, reminds me of a case which I was called to see on March 28, 1883.

Charles H., twenty-five years old, a news-agent on the Texas & St. Louis Railroad, who had been on a spree for several days, called at the bar for a drink. The whisky being prepared, he poured from a box some *medicine*, as he said, into it. He stirred it and took it at one draught. He then complained of being ill, and asked if he would be permitted to go into the back room and lie down. He did so, and presently called for another drink, into which, as before, he poured some of his so-called "medicine." He then fell over insensible. A runner came for me. I was at his side in five minutes after he had taken his last dose. Looking at the box, I recognized that it was "rough on rats." I had learned from Maurice Willis, a student of pharmacy at Vanderbilt University, that this preparation contained nothing but arsenic. I immediately gave him a hypodermic injection of apomorphia. He vomited but little. I then went to my office, and with a Davison's syringe and a rubber tube* three feet long made a stomach-pump. I introduced the tube into his stomach and pumped into it a pint of water; reversing the syringe, I emptied his stomach. I again pumped his stomach full of water and again emptied it. I then, having no better antidote at hand, pumped into his stomach one ounce of dialyzed iron mixed with a half pint of water, let it remain for some time, and then pumped it out again. I then gave him a dram of dialyzed iron, and put him to bed.

He had several symptoms of arsenical poisoning, but none of serious import. His insensibility was caused as much by whisky as by arsenic. He rallied from the insensibility in about four hours, and remained bright afterward.

He returned to work in ten days, but up to this late date has not called to settle his bill. W. A. HOWARD, M.D.

[Send him a dun.—Ed.]

*As recommended by Prof. J. W. Holland.

Selections.

THE TREATMENT OF DIABETES MELLITUS. Dr. Austin Flint, jr., of New York, read a paper before the American Medical Association (session of May 8, 1884), in which he referred to the fact that sugar was occasionally found in urine of persons apparently healthy. In his experience the proportion had been one in every three hundred and seventy-seven cases. He next called attention to the different methods of testing for sugar, stating that, if Fehling's solution were used perfectly fresh, there could be no error in the result. He also commended Squibb's test. The specific gravity bore no relation to the proportion of sugar. Sugar might be present in urine of a low specific gravity. He had seen it in urine of a sp. gr. of 1.010. The quantity of urine need not be increased. He considered the liver to be a sugar-producing organ. In health this sugar was washed away by the blood as fast as it was formed. The sugar contained in the food was normally destroyed in the liver. In regard to prognosis, he said that, if the patient would submit to a certain course of treatment as soon as glycosuria was recognized, he thought that it was possible to effect a cure, or at least to remove the most characteristic symptoms, with the exception, perhaps, of the occasional temporary appearance of a small quantity of sugar in the urine. In the treatment, almost sole reliance should be placed on the use of a diet from which starches and sugar had been excluded. This should be carried out absolutely. Systematic daily muscular exercise should be enforced, but fatigue should be scrupulously avoided. All alcoholic excesses and the use of sweet fruits were to be avoided. In cases where the sugar persisted, the use of solution of arsenic bromide, in doses of three drops three times a day, was often of service in diminishing the amount of sugar and relieving the distressing symptoms of the affection. This might be continued for weeks or months without unpleasant effects. The rigid diet should be continued for at least two months, even in the mildest cases. The return to ordinary diet should be gradual, and the urine should during this time be examined every five or six days.

THE SPECIFIC TREATMENT OF DIPHTHERIA AND CROUP.—Dr. George A. Linn, of Monongahela, Pa., read a paper before the

American Medical Association (session of May 8, 1884), maintaining that corrosive chloride of mercury was a specific in diphtheria, when given in large doses in the early stage of the disease. The mere giving of a remedy did not necessarily constitute its use as a specific. Minute doses of quinine, given two or three times a day, would not be a specific in malarial disease; so in treating diphtheria with bichloride of mercury, the dose, time of giving, and stage of the disease, were conditions necessary to success. It should be given in large doses, one twentieth to one twelfth of a grain to a child, two or three years of age, and one twelfth to one eighth of a grain to an adult every three hours. It was best given in solution. The apothecary should make a solution in alcohol and dispense from this. The best vehicle was the elixir of pepsin, or elixir of pepsin and bismuth, in teaspoonful doses. In mild cases, the remedy should be continued to the end of the third day; in malignant cases, two or three days longer. If the treatment was begun in time, no tonic or sustaining measures were required. But, if the case was well advanced, brandy and iron should be added. If the membrane invaded the wind-pipe, causing croup, there was danger of suffocation from the obstruction of the air-passage. This was due more to a spasmodic condition of the glottis than to the presence of membrane, and could be relieved by giving chloride of gold, which was a specific in simple croup. It acted like a charm, was tasteless, and caused no nausea. It should be given in solution in distilled water, the medicine being dropped into a glass and the use of a spoon avoided. The dose for a child two or three years old was from one fiftieth to one thirtieth of a grain every hour until relieved. In diphtheritic croup the bichloride of mercury was to be given in conjunction.

Muscular Hypertrophy of the Stomach.—Dr. Alexander Marcy, jr., of Riverton, N. J., before the American Medical Association (session of May 8, 1884), related a case of that very rare and interesting disease, occurring in his own practice. It was of pathological rather than of clinical interest. Its distinctive features, as marked at the autopsy, were described as follows: The stomach had undergone marked contraction, measuring in length only 12.5 cm. and in diameter but 3.75 cm. at the pyloric, and 4.35 cm. at the cardiac extremity. The lumen was greatly diminished, and the organ could not have held more than 60 c. c. of fluid. The little finger, pushed into the interior, encountered a stenosis at about the center of the organ, which it could scarcely pass. On opening the stomach, it was seen that this was produced by a narrow fibrous band, on either side of which was a stellate cicatrix. At the pyloric extremity the lumen was almost obliterated, and would scarcely have admitted a goose-quill. The mucous membrane was abnormally smooth, and the stomach-wall very much increased in thickness, measuring toward the pylorus 1.5 cm., and at a greater curvature 1 cm. This same thickening and narrowing had extended into the duodenum until it also involved the ductus communis choledochus, which was completely occluded. Beyond this the intestine rapidly assumed its normal dimensions. Under the microscope the following histological conditions were noted: The mucous membrane was very little altered, and in thickness was about normal. A slight growth of newly formed connective tissue was found among the glands. In the muscularis mucosæ there was a great increase in the amount of muscular fiber, which was mingled with many bundles of connective tissue. The increase of thickness in this coat was seven or eight-fold, due almost entirely to the overgrowth of muscular fiber. The muscular element of the stomach was increased about three times in thickness. Here, too, this increase was due to an hypertrophy of the muscular tissue, although in many places there was an intimate mingling with it of newly formed connective tissue. The fibrous tissue was slightly increased in thickness. The mucous layer was unaltered. The submucous layer had undergone the most peculiar change. In this there was not only found an irregular deposit of the same newly formed, imperfectly fibrillated connective tissue, such as was found elsewhere in the organ, but also an overgrowth of smooth muscular fiber. This fiber was scattered in larger or smaller bundles throughout the submucous layer, in some places exceeding the connective tissue in amount, in others falling short of it. Toward both the muscular wall and the muscularis mucosæ was the greater amount of muscular fiber, indicating, perhaps, that in its growth it had extended from these two tunics. The thickness of this coat was greatly increased, but to what extent could not be exactly determined, on account of the blending of this with the two contiguous

tunics, produced by the deposition of newly formed muscular fiber in it. The lumen of the blood-vessels of the submucosa and the thickness of their walls were greater than in the normal stomach. The speaker added that this condition was not generally mentioned by writers on diseases of this organ, and that he believed its occurrence to be very rare. A case described by Thiergelder ("*Atlas der pathol. Histol.*," 1876, Tafel x, Fig. 1) resembled it somewhat, and Cornil and Ranvier, in their work on general pathology and morbid anatomy, referred to such a condition. It was very apt to be, and very often was, confounded with cirrhosis. There were symptoms peculiar to this disease, and the treatment could only be palliative.

SYPHILIS.—We all have a vital interest, selfish though it may be, in the health of our neighbors, in the society in which we move, in public health. The parent who gives a son, or, more especially, a daughter, in marriage, may not be absolutely certain that there lurketh not in the blood of the bridegroom that subtile poison, contracted in the violation of the seventh commandment, which will be inevitably communicated to her and her offspring.

How true it is I know, and every physician knows; and how sad is the thought that some of the purest, sweetest, most devoted, and most intelligent Christian women of our times are suffering from the effects of syphilis, either immediate or remote. The physician could a tale unfold that would startle and shake society as by an earthquake.

The period has arrived when the State Boards of Health and the secular press should awake from lethargy upon this subject and view it squarely in the face, and there should be heard for the next quarter of a century, from every pulpit in Christendom, sermons from such texts as "Her feet go down to death; her steps take hold on hell." "For she has cast down many wounded; yea, many strong men have been slain by her."

If the Indiana State Board of Health will take the lead in introducing to the public this phase of the great question in which it is, or should be, interested, and which has hitherto been discussed only in medical literature and private professional circles, it will confer upon that public a benefit co-extensive with the human race itself, and will receive the lasting gratitude of the world.

According to a late estimate, five millions of the people of the United States alone are infected with syphilitic virus. *Think of it, ye people of America, think of it!* Is it any wonder that such an immense mass of filthy leaven should, in a short time, ferment the whole population? It is well known that, aside from the most common source of syphilis, the disease may also be communicated in the act of kissing and smoking, by the contact of the various articles handled by men and women afflicted by this terrible disease.

Oh! that I could paint in vivid colors for the youth of this fair land of ours the long train of diseases and social evils which follow the inception of this accursed syphilis. The learned specialist may say to it, "*Out, damned spot!*" but it will not out. It may lose its original identity, remain latent in the system for years, and its victim flatter himself cured. But, alas! sooner or later the keen eye of the experienced medical observer recognizes its effects in the eye, the nose, the mouth, the ear, the brain, the scalp, the throat, the tonsils, the teeth, the heart, the lungs, the liver, the spleen, the kidneys, the spinal cord, the veins, the arteries, the larynx, the skin, the tongue, the gums, the bones, the muscles, the nerves, the glands; in short, every structure of the body supplied by syphilitic blood, and every atom is thus supplied, may bear the impress of the disease, which when once contracted follows a man, accelerating his progress to his final abode.

How important, then, is PREVENTION. State Boards of Health will inspect critically the passengers of every car or ship for the detection of smallpox, cholera, or diphtheria; they will see to it that no quack shall practice his deception within the limits of their jurisdiction; they will make much ado about an obnoxious sewer, stinking vat, or cesspit; they will with great *eclat* order the cleaning up of alleys, streets, towns, and cities, and yet leave untouched, unharmed, and unnoticed the houses of prostitution in which our sons become saturated with a poison foul as hell—a poison compared with which the venom of the deadliest snake sinks into this insignificance: that if it does not immediately kill it is soon eliminated entirely from the system, while the former may constitute the origin of nearly all the diseases in the long category of human ills. — *H. V. Sweringen, A. M., M. D.; Annual Report of the Indiana State Board of Health.*

ARTERITIS AS A SEQUELA OF ENTERIC FEVER.—An interesting communication on the above subject has been made to the *Revue de Médecine* (see Nos. 1 and 2 for this year) by M. Barié. The conclusions at which he arrives may be summed up as follows: Acute arteritis after typhoid fever is especially liable to occur in the main arteries of the legs, and is generally unilateral. It comes on at the commencement of convalescence, just as the patient is beginning to walk again, and is as likely to follow a mild attack as a severe one. He makes out two forms, viz., acute obliterative arteritis, and acute parietal arteritis, but they differ only in degree. The former is the result of a cellular infiltration of all the coats of the artery with a roughened state of the lining membrane; this is followed by the formation of a thrombus firmly adherent to the walls. If the obstruction is complete and there are no anastomoses, dry gangrene speedily makes its appearance. The chief symptoms and signs are pain along the course of the arteries, sometimes limited, at others extending the whole length of the limb, and increased by pressure or exertion; marked diminution of the fullness of the pulse wave; swelling of the affected limb without edema or redness, but followed sometimes by a violet mottling; lowering of the temperature of the affected limb; and lastly the appearance of a hard and painful cord along the course of the artery. The parietal form is to be distinguished from the above by the general mildness of the symptoms, the absence of the cord-like swelling or dry gangrene, and by the fact that recovery always takes place. As to whether the symptoms might not be due to embolism, could only be decided by a careful examination of the heart, and a search for other signs of embolism. M. Barié is of opinion that typhoid arteritis results from two principal factors, viz., local and permanent irritation by parasitic and infectious germs, and profound disturbance of the vaso-motor nerve supply.—*Med. Times.*

EXTREME LOWERING OF TEMPERATURE IN HEMORRHAGE INTO THE MEDULLA OBLONGATA.—M. Lemcke has reported, in the *Deutsch. Arch. für Klin. Med.* for 1883, p. 84, the case of a man, aged thirty-eight, who had been for many years given to drink, and who was suddenly seized with shivers and delirium. When admitted into the Rostock Hospital his pulse was 38, respiration 18, and rectal temperature 23° C. (73.4° F.) after a warm bath. On the following days it reached 26° and 28° C.; but the patient died without recovering consciousness. At the post-mortem examination the signs of a recent hemorrhage were found in the left half of the medulla oblongata, above and on the outer side of the origin of the vagus. M. Lemcke thinks that the extreme lowering of the temperature can not be wholly explained by the action of alcohol, but that the thermic centers had been injured by the hemorrhage.—*British Medical Journal.*

CITRATE OF LITHIUM.—Attention has been called to the fact that citrate of lithium is by no means "deliquescent," as stated in the British and American pharmacopeias. It may be prepared either in crystals or in form of powder. The percentage of water in the latter varies about five per cent, according as the salt has been dried at 100° C. or 115° C., between which temperatures the last molecule of water is lost. The composition of the crystallized salt is constant, and corresponds to the formula $Li_3C_6H_3O_7$, $4H_2O$. Of the four molecules of water, three pass off at 100° C., the remainder at a higher temperature.—*Popular Science News.*

SUICIDE by means of "Rough on Rats" is reported as having been successfully practiced by a man in New York.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, May 25, 1884, to May 31, 1884.

Middleton, Passmore, Captain and Assistant-Surgeon, granted leave of absence for one month, on surgeon's certificate of disability. (Par 2, S. O. 107, Hdqrs. Dept. of Missouri, May 28, 1884.) *Hall, Wm. R.*, Captain and Assistant-Surgeon, assigned to duty at Fort Stockton, Texas. (Par 1, S. O. 63, Hdqrs. Dept. of Texas, May 19, 1884.) *Wright, J. P.*, Major and Surgeon, directed to perform temporarily in addition to his other duties those of Medical Director, Dept. of the Missouri. (Par 2, S. O. 107, Hdqrs. Dept. of Missouri, May 28, 1884.) *Baily, Jos. C*, Major and Surgeon, now on leave of absence, is relieved from duty in Dept. of Texas, and ordered to report to commanding General, Dept. of the East, for assignment to duty at Fort Monroe, Va., to relieve Lieutenant-Colonel Charles Page, Surgeon, U. S. Army, July 1, 1884, from duty at that station. *Lieutenant-Colonel Page*, on being relieved by Major Baily, will proceed to Fort Leavenworth, Kansas, and report to commanding General, Dept. of the Missouri, for assignment to duty as Medical Director of that department. (Par 12, S. O. 125, A. G. O., May 29, 1884.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JUNE 14, 1884.

Original.

LOCAL ANESTHESIA.*

BY AP MORGAN VANCE, M. D.

I desire to briefly call your attention to the use of local anesthesia as a substitute for general anesthesia in many of the minor and a few of the major operations in surgery.

So far as I can learn, the use of local anesthesia has been very unsatisfactory in the hands of many surgeons, and has fallen into disuse. For several months I have used it in all the smaller operations with the greatest satisfaction, and believe that failures heretofore are due to the fact that the attempt has been to completely freeze the tissues, hoping to gain sufficient anesthesia at the outset to last through the cutting operation. The difficulty being that frozen flesh is hard to cut, and about the time one gets to work the anesthesia has departed, or is deep enough only to permit very superficial incision.

I have found ether the most suitable agent, the old method with ice and salt having the objection mentioned, that is, that one is compelled to completely freeze the part. Rhigoline is more volatile than ether but is much more inflammable. The method of applying the ether spray is the secret of success. The atomizer with two bulbs is better than the ordinary instrument with one, as with the former the spray is constant. The assistant manipulating the spray must understand the different steps of the operation, especially if it be complicated. The spray is thrown on the part for only a moment when the knife can be used, continuing the spray at intervals or constantly in the incisions, thus making the superficial anesthesia precede the knife to any desired depth, no pain being felt. The ether seems to have a hemostatic effect also, as less blood is noticed than in ordinary cases. The healing process goes on as well as usual, no retardation or other bad effect being noticed in my cases. I have done tenotomies under its influence on limbs affected with infantile paralysis, in which the circulation was very poor, without sloughing or other trouble. I have done many tenotomies in adults and children, the patient experiencing absolutely no pain.

I assisted Dr. Cheatham in the removal of an eye, in case of a man of forty-five, who suffered little or no pain. Another case with the same physician, in which tracheotomy was performed upon a man of fifty, with little complaint.

At the City Hospital clinic a fibrous tumor as large as an orange was removed from a man's sacrum, the incision being six or eight inches long, with prolonged dissection on the sides of the growth. This patient did not feel the knife but complained of the ether running down over the anus and burning severely. This could be avoided in similar cases by using oil about the mucous orifice.

In a circumcision on an adult, recently performed, no pain from the knife was felt, but the same burning was complained of about the fundament.

In tapping the abdomen, hydroceles, abscesses, or any cases in which the trocar or aspirator is used the pain is rendered *nil* by a moment's spraying over the point. In one case, the removal of a fibrous tumor from the dorsum of the foot, the dissection was so prolonged that the ether gave out and chloroform had to be given. The cutting done under the local anesthesia was painless, and the lady, a physician's wife, never tires of praising the spray, saying if she had

*Read before the Kentucky State Medical Association, June 3, 1884.

a bone felon she would ride a hundred miles to have it opened under its influence.

In closing, I would ask, that in view of the dangers we know to attend the use of chloroform and ether as general anesthetics, is it not our duty to substitute, whenever we can, a safer procedure, if thereby we can secure the same results? I am convinced that in a number of cases in which we now consider general anesthesia absolutely necessary, the work could be and should be done under the influence of local refrigeration. Herniotomy, ligation of vessels, amputation of fingers and toes may be performed, or, as I have shown, an eye can be removed or a tracheotomy done without difficulty.

LOUISVILLE.

Miscellany.

CREMATION.—Even on the ground of sentiment there is much which would lead us to seek some substitute for earth-burial in urban districts. In the village churchyard the peasant's remains may indeed repose for ages beneath the moss- and grass-grown mound; but while, in urban cemeteries, the rich may rest in the freehold grave, the provision for reinterment after a certain number of years in the unreserved portion implies the deliberate desecration of the tombs of the poor, who are reminded of the inevitable by the rules forbidding the erection of permanent gravestones, while the possible carting away of the relics of the dead to make room for "metropolitan improvements" is still more shocking.

Yet, with an almost incredible inconsistency, Mr. Holland, rather than tolerate cremation, would resort to so-called "burial" at sea, though, but for the green vail of water hiding the corpse from view, he might as well give it to be devoured by swine, as the effects on the lobster fishery would soon show. Cremation, as performed in Gorini's, Venini's, or Siemens' crematoria, is not less capable of being accompanied by solemn and impressive religious rites than is interment; it is conducted in the chapel, and not, as too often is the case with earth-burial, in cold and rain; one or more of the mourners in consequence literally following their relative to the grave. It is not destruction in the sense of annihilation or waste, for the carbon and hydrogen, oxidized and diffused, are caught up by vegetation; and, while less costly than the purchase of ground and erection of tombstones, it is devoid of harm or annoyance to the living, immediate or remote. There is another sentimental argument in its favor not generally recognized. With the migratory habits of modern life, few persons pass their lives near the resting-places of their deceased relatives, but the funeral-urn could be carried, if necessary, even to other lands. The ashes of the mass of the people would rest meanwhile in the columbarium, those of the landed proprietor in the family mausoleum, and those whom duty called away from their former homes might consecrate a mortuary-chamber wherever they might be, and "go to the grave to weep there."

But there is the practical objection, constantly reiterated by the opponents of cremation, that, by precluding the possibility of exhumation, it may be used to conceal the perpetration of crime. This is, at first sight, plausible; but it really reflects on our present usage as regards the registration of deaths. The answer is, that we now permit burials with the most improper negligence. In a larger number of cases than most persons imagine, the causes of death are registered without any medical certificate whatever, on the mere statement of persons who may have been guilty of murder; and even medical certificates are given with culpable negligence. It is very rarely that exhumation is resorted to; and, when it is, it often betrays gross carelessness in the previous certification of an erroneous cause of death. Nor is a posthumous detection of poisoning always so easy as is sometimes alleged. Only mineral poisons, as arsenic, can be detected with certainty after putrefaction has reached an advanced stage; vegetable poisons are no longer discoverable; and in all, post-mortem changes are apt to efface the pathological appearances which afford the most valuable clues. The Italians are a very practical people, and, while legalizing cremation, have provided a safeguard in demanding, before its performance, positive evidence of the true cause of death by a special form of certificate. If the medical attendant have a shadow of a doubt, recourse must be had to a post-mortem examination by an expert, and, if deemed advisable, an analysis of the contents of the alimentary canal must be made; and it is an interesting fact that already it has been the means of detecting accidental poisoning in one case, and of preventing the occurrence of poisoning

others. A child having died of what appeared to be gastro-intestinal catarrh or enteritis, the medical man gave a certificate of the cause to the best of his belief; but, the parents subsequently determining to present the body for cremation, he felt it his duty to institute an examination before signing the more stringent form. Copper was found, and traced to some colored sweetmeats, which were seized at the shop where they had been purchased. Other children, too, had suffered; but the discovery was made before any other fatal case of poisoning had occurred.—*British Medical Journal.*

Dr. Koch.—Germany is no less grateful than munificent to her men of science. In the Reichstag, Herr von Bötticher brought forward a bill for placing the sum of 135,000 marks, or £6,750, at the disposal of the Emperor, in order to reward the members of the German Cholera Commission for their brilliant and important discoveries in Egypt and India. This bill was passed on Tuesday by acclamation, when Professor Virchow welcomed this, the first occasion, as he said, on which he had ever been able to give his full support to the Government, and paid a high compliment to the energy, the diligence, the intelligence, and the disregard of danger, which had won for German science such a splendid victory. But, though Dr. Koch had discovered the germ or bacillus of cholera, medical men should not be too sanguine about the future prevention and cure of the disease. Of the sum, 100,000 marks will be assigned to Dr. Koch, the chief of the commission, and the rest divided among his colleagues. A less substantial, though equally honorable, reward has been conferred on Dr. Koch, in the shape of a high decoration—the Crown Order of the second class. Lastly, at a sitting the other day of the Imperial Board of Health, the great nosological explorer, in addition to being officially eulogized for his successful researches, was presented with a life-size bust of the Emperor, by a distinguished German sculptor.—*British Medical Journal.*

Foot and Mouth Disease and Milk-supplies.—In a recent report to the local board of East Dereham, in Norfolk, Mr. Bird Vincent refers to the occurrence of a considerable number of cases of throat-illness among young children, of a very obscure nature, which, in one or two instances, proved fatal. Mr. Vincent thinks that these were either ill-defined cases of scarlet fever affecting the throat alone, and not causing any rash on the skin, or else the throat-symptoms were caused by drinking milk from cows with the foot and mouth disease, which has been very prevalent in the district. Such a condition of the mouth and throat has, Mr. Vincent says, been traced in Norwich to the consumption of milk from dairies where cows were known to have had the disease. There is one instance on record of the children of a family, for whose benefit a cow stricken with the malady was kept, drinking the milk undiluted, and shortly afterward suffering from an eczematous condition of the lips, tongue, and palate.—*British Medical Journal.*

Congenital Absence of Femur.—Mr. Roger Williams recently showed, before the Pathological Society of London (British Medical Journal), photographs of a boy, in whom the femora were absent. No trace of the femur or patella could be found on careful examination on either side; a bony mass in the groin, and apparently articulating with the pelvis, was ascertained to be the head of the tibia somewhat altered. Mr. John Wood said that, about twenty years ago, a man who went by the name of the man-monkey was well known in London; the femora were absent, but he was exceedingly agile, and this, combined with the fact that his hands reached to the ground, had earned him his *soubriquet.* He thought that one moral might be drawn from such cases, and that was, how exceedingly useful one section of a limb might be; it was, he thought, an argument in favor of the operation of excision.

A Modest Great Man.—The Berlin correspondent of the Philadelphia Medical News gives the following summary of Koch's remarks, at the banquet given May 13th in honor of his successful investigation of cholera in Egypt and India. He did not find any thing extraordinary, he said, in the whole enterprise for a man who, like himself, during twelve years was accustomed to deal with the germs of all kinds of infectious diseases, although the death of Dr. Thuillier might show that such expeditions were not altogether without danger. He likewise did not find any thing extraordinary in the discovery of the cholera bacillus, which sooner or later would have been made out from necessity as a ripe fruit of

the well-trained and exact *methods*. But he was gratified to find some acknowledgment of the merit in the development of these well-acting methods. He was well aware that his discovery would not contribute very much to the improvement of therapeutics, but he believed that his experiences in Egypt and India would allow him to make some practical propositions concerning the prevention of cholera, and that, perhaps, if only the governments concerned would agree upon his plan, *it might be possible to restrict the disease to its motherland—India.*

BENJAMIN RUSH.—At the recent meeting of the American Medical Association, a committee was appointed to consider the advisability of erecting a statue to the memory of Dr. Benjamin Rush. Dr. Gihon, in making the motion which led to this action, said, That among all the monuments to the memory of great men for which Washington is noted, there is not one to the memory of a physician. The name of Rush is especially worthy of honor, for aside from the substantial work done by him in the development of medical science, he was intimately associated with the early history of this country, being a member of the Continental Congress, a signer of the Declaration of Independence, and in various ways a leader in the cause of liberty.

WASHING OUT THE STOMACH.—Dr. A. Bianchi, in a paper read before the Academia Medico-Fisica of Florence, reports that he has had excellent results, both palliative and curative, in the treatment of cases of cancer of the stomach, chronic gastric catarrh, chronic gastritis, gastric ulcer, gastric catarrh with chronic hepatitis, digestive disturbances from slight gastritis, and dilatation of the stomach, with slight catarrh and insomnia, by washing out the stomach.

EXTIRPATION OF GOITRE BY MEANS OF THE ELASTIC LIGATURE.—An Italian journal reports several cases in which enlargements of the thyroid body have been successfully removed by means of the elastic ligature. An incision is made in the skin in which the ligature is placed, the wound being disinfected, and the ligature tightened daily.

YELLOW FEVER scored twelve deaths in Havana during the week ending May 17th, and in Rio de Janeiro sixty-three for the week ending March 29th.

VIRCHOW ON TRICHINOSIS.—Prof. Virchow has written to the newspapers to express his opinion that the danger arising from trichinosis in German pork is "infinitely greater" than the peril of an epidemic from the American hog, and that, to be consistent, the Imperial Government, which has forbidden the importation of all sorts of American pork, should not allow swine-rearing in Germany.

THE STATE MEDICAL ASSOCIATION OF TEXAS, held in Bolton, April 22d to 25th inclusive, was of unusual interest, and in report shows that medicine is abreast with other movements of public moment in that rapidly growing State. Many interesting papers were read, some of which were substantial contributions to science. The next meeting will be held in Houston.

A SECT is said to have been discovered at Rostov, in South Russia, whose object is the poisoning of children by narcotics. It is believed to owe its origin to a woman who murdered her children "in order to deliver them from earthly suffering, and to procure for them celestial happiness."

BISMARCK has made his medical attendant, Dr. Schweninger, a "professor," unattached. He has no lectures to deliver, students to teach, or chair to occupy, but is simply professor of the anatomy, physiology, and pathology of Bismarck.—*Popular Science News.*

A WEEK OF MEDICAL SOCIETIES.—During the past week the State Medical Societies of Indiana, Ohio, New Jersey, Maine, Massachusetts, Rhode Island, and Michigan held their regular annual meetings.

THE elevation of Professor Frerichs to the rank of a noble has been received with the highest satisfaction by the Berlin medical press and the profession at large.

A DISPATCH from Calcutta to the London Times states that Mr. Vincent Richard has succeeded in inoculating the pig with the specific virus of cholera.

IT is said that Dr. Joseph Coates, of Glasgow, is a candidate for the chair of pathology in the University of Cambridge.

THE ONTARIO MEDICAL ASSOCIATION held its fourth annual meeting in Hamilton, June 4th and 5th. Several papers were read.

The Louisville Medical News.

Vol. XVII. SATURDAY, JUNE 14, 1884. No. 24

H. A. COTTELL, M. D., - - - - - - - - Editor.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editor is not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITOR OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

ETHER ADMINISTERED BY RECTUM.

The question of rectal etherization is just now attracting much attention, and the medical journals abound in notes and comments upon the new method, with occasional reports of cases by surgeons who have given it trial.

A report by M. Mollière, Surgeon in chief of the Hotel Dieu, Lyons, published in the *Lyon Médicale* of March 30th, suggested the procedure. This was reproduced in several of the leading English and American journals, and being charmed by the Frenchman's report, and finding the method easy of application, several of our American surgeons have put it into practice with doubtful results.

Mollière was indebted to a Dr. Yversen, of Copenhagen, for the suggestion. He administered the ether by means of a double tube and Richardson's atomizer, and claims to have obtained "with a small quantity of the drug" a degree of anesthesia, in several cases, which admitted of his performing painlessly and successfully some major and minor operations. The report states that, "in order to obtain deep anesthesia with a very small quantity of ether, it suffices to introduce a caoutchouc tube into the rectum, and to connect this with the ether flask, placed in water at from 40° to 60° C." (104° to 140° F.)

The advantages claimed for the new method are, that the dose employed is reduced to a small quantity and can be accurately measured, avoiding waste; that it suppresses the stage of excitement; does not give rise to the usual sense of suffocation, and that the odor, so disagreeable to some patients, with other necessarily objectionable conditions attendant upon its administration by inhalation are done away with; while in operations upon the face the apparatus for administration is, of course, out of the surgeon's way.

Mollière reports six cases, in all of which it is claimed that the ether acted promptly, the anesthesia being deep, and that, with the exception of one patient who vomited on awaking, no nausea or other disagreeable symptom was noticed.

The above would seem to make out a strong case in favor of the new over the old method of administration; but from the experience of several surgeons who report the results of their experience with it, rectal etherization has disadvantages and dangers which should serve as a warning against its indiscriminate use, if they do not condemn the practice *in toto*.

Dr. Bull, Surgeon to the New York and Saint Luke's hospitals, publishes, in the Record of May 3d, an analysis of seventeen cases in which rectal etherization was practiced. In five of these the inhaler was used, as supplementary to the rectal tube, in consequence of excitement, tardy, or incomplete anesthesia, while in one the anesthesia was produced first by inhalation and continued by rectum. The smallest amount of ether used, was one and a half ounces, the largest, six ounces. In all of Dr. Bull's cases, save two, one or more of the disagreeable symptoms usually noted during or after etherization by inhalation was present, with the addition of a new complication in one third of the number. While all the patients escaped the sense of suffocation, and but one suffered from subsequent nausea, the

stage of excitement was more or less pronounced in nine, in one being so violent that the patient jumped from the table. Ten vomited during or just after etherization, and in seven there was immediate or subsequent diarrhea, the stools being large and loose, in number varying from three to fourteen, and in two instances containing blood.

In the same issue of the Record is a letter from Dr. James B. Hunter, who notes briefly six cases in which, save a movement of the bowels during the etherization in one, and fear of too much distension for the successful performance of the operation (ovariotomy) in another, which caused him to resort to the inhaler, the method of rectal administration was successfully employed without any attendant or subsequent unfavorable symptoms.

The experience of Dr. Robert F. Weir, (same issue of the Record) on the other hand, is quite unfavorable to the new device. He reports two cases. In one, though the patient became sleepy and had stertorous breathing, insensibility was not attained after a trial of fifteen minutes, and the anesthetic had to be given by inhalation. In another, a child eight months old, the action of the drug was prompt, but the bowels became somewhat distended, through a too rapid vaporization of the ether. This excess of vapor, however, readily escaped by the anus, and though at the end of the operation the child was depressed, it soon rallied under stimulants. During the night, however, it had several bloody stools, and died on the following morning. In this case less than two ounces of ether was used.

From the above it will be seen that the new avenue to the centers of pain is not without its stumbling blocks, and that the propriety of resorting to rectal etherization before a careful physiological investigation of the subject is made is doubtful to say the least. Theoretically, there are anatomical, physiological, and mechanical reasons why rectal etherization may be looked upon as a rash and dangerous measure, which should be thoroughly tested upon the brute before it is applied to man. Among these may be mentioned, first, tardy action of the drug because of the long route which it must take through the mesenteric, portal, and hepatic veins, vena cava inferior, heart, pulmonary arteries and veins, starting in one and passing through two other sets of capillaries, before it can enter the general arterial system. Second, the damage it may do through reflex action (or direct, by diffusion) to the great splanchnic nerve centers, leading to blood stasis, and the arrest of physiological function in the intestines as evidenced in some of the cases by symptoms of collapse, with large and sometimes bloody stools. Third, the difficulties in manipulation, such as the condensation of the vapor in the tube before it enters the gut, or, if the water be too hot, an enormous liberation of vapor which overdistends the bowels, with peril to the patient and annoyances to the surgeon and his assistants, which are all too clearly demonstrated in some of the cases under notice. These difficulties will possibly be met in due time, and rectal etherization may yet become a beneficent surgical procedure; but it is to be hoped that our ambitious young surgeons will be content with the old way until the advocates of the new can give us more positive evidence of its safety and utility.

Bibliography.

Health Hints for Travelers. By John C. Sundberg, M. D. Philadelphia: D. G. Brinton, 115 South Seventh Street. 1884.

Annual report of the Presbyterian Eye, Ear, and Throat Charity Hospital, Baltimore, Md., for 1883. J. J. Chrisholm, M.D., Secretary. Baltimore: White & Graham, printers.

Transactions of the American Dermatological Association, at the Seventh Annual Meeting, held at Lake George, N. Y., August 29, 30, and 31, 1883. Official Report of the Proceedings by the Secretary, Dr. Arthur Van Harlingen. Baltimore: Press Thomas & Evans. 1883.

On Dupuytren's Finger-Contraction: its Nervous Origin. By Robert Abbe, M.D., Surgeon to the Out-Patient Department of the New York Hospital, etc. Reprint.

On Morbid Drowsiness and Somnolence: a Contribution to the Pathology of Sleep. By C. L. Dana, M.D., New York, Professor of Nervous and Mental Diseases in the Post-Graduate Medical School. Reprint.

Die Nauheimer Sprudel—und Sprudelstrombäder von Dr. August Schott und Dr. Theodor Schott, in Bad Nauheim. (Separat-Abdruck aus der Berlin, Klin. Wochenschrift.) 1884.

Mechanical Principle in the Circulation in the Embryo, Respiration in the New-born, Incubation: the relation this sustains to the air-chamber in the egg. Mode of grafting the ovum in the tissues of the womb. By W. H. Triplett, M.D. Reprint.

Prospectus of a new work on Physiology, entitled, Natural Philosophy of the Body; or Mechanics of Respiration, Circulation, Absorption, etc. By W. H. Triplett, M.D., Member of American Association for the Advancement of Science. New York: H. A. Vonneidshutz, 69 Pearl Street.

International Medical Congress, Eighth Session, Copenhagen, 10th to 16th August, 1884. Rules and Programme.

This programme is very elaborate, and from the many eminent men whose names are down for papers, there is every reason to believe the eighth Congress will do as much for the cause of medical science as was done by the seventh at its meeting in London, three years ago.

Copenhagen is a quaint old city, with many historical reminiscences and natural attractions, and if our English correspondents are not mistaken, the medical fraternity of Denmark are well worthy of foreign regard—quiet, courteous, and studious men, who minister to the medical needs of an honest, unostentatious and thrifty people. Communications may be sent to Prof. C. Lang, Secretary General, Copenhagen, Denmark.

The American Journal of Ophthalmology. Vol. 1, No. 2. May 15, 1884. Edited by Adolf Alt, M.D. Issued on the 15th of each month. St. Louis, Mo: J. H. Chambers & Co. Terms, $2.50 a year.

This new candidate for professional favor has peculiar distinction in that it is the only American journal which is devoted solely to Ophthalmology. The high rank which this specialty holds in medical science, the large number of physicians who practice it in the United States, and the rapid growth of its local literature, would seem to demand a periodical which shall be devoted exclusively to its interests, and to bespeak for the new journal a hearty reception and abundant support.

The editor is assisted by nineteen colaborators, five of whom have papers in the present number. The journal is an octavo of sixty-four pages and is handsomely bound and printed. The number before us contains eleven original articles, which are brief, practical, and very readable. We wish our new exchange a long and prosperous career.

Minutes of the Ninth Annual Session of the State Medical Society of Arkansas, held in Little Rock, April 30, May 1 and 2, 1884. Secretary, L. P. Gibson, M.D., Little Rock. Little Rock: Kellog Printing Company.

This report, which is issued with remarkable promptness, shows that the last Society meeting was characterized by a large attendance, and a rich programme in papers and discussions. The address of the president, Dr. J. M. Kellar, gives a rapid review of medical progress during the past year, and closes with an able and eloquent presentation of the claims of cremation to the consideration of civilized nations as a means for the disposal of the dead. After stating the objections to burial and the advantages of cremation from a scientific point of view, Dr. Kellar says:

> I am not aware that there is any expressed law or rule in any religious sect or denomination, but rather incline to the opinion that we who have favored it, and dared express our convictions, only feared that such obstacles might stand in the way of having it become the rule and custom instead of the present horrid and repulsive and filthy one of burial, and each day I feel more and more assured that it will take but a few years for all objections to die out, when we will hear it advocated alike from Protestant and Catholic pulpits.
>
> In the Campo Santo, the chief cemetery in Rome, and almost adjoining the church in which the late pope lies entombed, there stands a crematorium where, for years, numbers of incinerations have been made. May the time soon come when we shall see one standing in lieu of each burying ground in the world. The process is but the simplest, quickest plan of reducing the corpse to its constituent elements, without leaving one vestige or mark of any thing offensive or injurious to the living. It is strictly in conformity with nature's laws, and does, in a few moments, what putrefaction after burial fails to do in twenty years, if ever. Some will say that it is a relic of barbarism. No more than is our burial, for both were customs with the ancients, and equally practiced.

Medical Societies.

THE KENTUCKY STATE MEDICAL SOCIETY.

Proceedings of the Twenty-ninth Annual Session, held at Bowling Green, June 3, 4, and 5, 1884.

(Reported by A. H. KELCH, M. D.)

The Society was called to order at two P. M. on Tuesday, June 3d, by Dr. J. N. McCormack, who in a neat address thanked the Society for the interest manifested by the profession as shown by the large number present. At the close of his remarks he called upon Dr. T. J. Townsend, chairman of the Committee of Arrangements, to report.

Dr. Townsend spoke as follows:

Mr. President and gentlemen of the Kentucky State Medical Society: In behalf of the physicians of Warren County it is my pleasant duty on this occasion to welcome you to Bowling Green. You could not have selected a place better suited for meeting than this beautiful little city, adorned by every appliance that art with nature can contribute. It offers special inducements for business and social pleasure, and we would have you understand that our earnest desires are satisfied only when the known object is here fully realized. You are with us at a time when your distinguished presence is most appreciated, and we know your coming is a happy day to the medical profession of Warren County. You are here to dispense harmony and affiliation, to encourage and perpetuate the fostered principles of progressive medicine, to read and discuss recorded observations that illumine and expand the great domain of medical science—and now we gladly welcome you to Bowling Green. To give expressions of welcome this city will not be an exception to the time-honored customs of conviviality. Receptions and excursions have been arranged for your enjoyment, and in their order will appear in the printed programme. To-night an address, Cause of Consumption, Dr. J. W. Holland, Louisville, Ky.; Wednesday evening, from nine to eleven P. M., receptions by Mr. and Mrs. D. M. Lawson, Mr. and Mrs. P. J. Potter, Dr. and Mrs. McCormack, residence, State Street; Thursday, at one P. M., cars will leave depot for a boat excursion through locks and dams on Barren River; will return at nine P. M.; Friday morning, excursion to Mammoth Cave.

Following Dr. Townsend, the Hon. C. U. McElroy delivered the address of welcome on behalf of the citizens and resident physicians of Bowling Green, in response to which Dr. Dudley S. Reynolds, of Louisville, was called upon by the President to reply.

The reports of the officers having been received and adopted, the regular literary exercises were begun with the report of the Committee on Materia Medica, by Dr. J. P. Thomas, of Pembroke. He had prepared no paper, but reported that he had made a fair test of the hypnotic paraldehyde, suggested as a substitute for chloral; that he had found it a very mild soporific in those cases of insomnia from excitement, and that it seldom exercised an effect after two hours subsequent to its administration. Kairine as an antipyretic he had found to be quite inferior to salicylic acid and quinia, and only successful in dangerous doses. Its action upon the heart he found out of proportion to its powers as a febrifuge. He had used hyoscyamin in but one case of acute mania. Here, instead of allaying, it seemed rather to increase the excitement.

In the discussion which followed, Dr. J. M. Mathews said: "I take it, sir, that this report is upon one of the most important subjects which we will have to discuss at this meeting. The chairman has spoken of a substitute for chloral. I have used that article for years, and I must confess, sir, that so far as I am concerned I am out with it."

Dr. J. W. Holland said, "I wish the gentleman had included the word opium in his reference to melancholia. He has told us that chloral increases the suicidal tendency in melancholia. More than a century ago Sydenham pointed out the cordial qualities of opium, and I fear we sometimes lose sight of that in our consideration and use of the drug as a hypnotic. If there be a melancholia, it proves more profound when chloral is used than when opium is employed, and I fear the same may be said of hyoscyamin."

Dr. Stone, of the Western Lunatic Asylum, at Hopkinsville, said, "Hyoscyamin we have used not very extensively and almost altogether hypodermically and in large doses, as high as one twelfth or one tenth of a grain; in smaller doses we have continued its use for ten or twelve weeks, and have found from it no material advantage over other drugs used for the same purpose. It will procure sleep, and that very promptly in many instances, and oftentimes with more certainty than chloral. I agree with Dr. Holland as to the value of opium over chloral in cases of melancholia. The latter undoubtedly increases the suicidal tendency. I have in mind one patient who suffered for over two years from melancholia under the chloral treatment, who, after six weeks of morphine, recovered entirely and was discharged."

Dr. Pinckney Thompson, of Henderson, "could not conceive that any one would sup-

pose chloral to be a curative agent beyond the power which it exerts to control a spasm of pain. In gastric neuralgia in full doses it will often relieve promptly, and so in all those attacks of acute pain which do not tend to recur once they are relieved. We are all well enough aware that chloral and opium are poison in poisonous doses, and they have to be given with circumspection."

Dr. Fuqua, of Hopkinsville, thought "it was the province of the discreet physician to find the proper place to use chloral, and then to use it with the same rule in view which guides the use of other powerful agents—use it for its effect."

Dr. McCoy called attention to the excellent results chloral gives in cases of puerperal convulsions.

Dr. R. M. Ferguson, of Louisville, read a paper on the Nature of Glaucoma. "The principal feature of the disease is the hardness of the eyeball. This can be accounted for in four ways, (*a*) by hardening of the ocular envelop, as by ossification or calcification, (*b*) as a result of active contraction of the ocular envelop. These two may be dismissed from consideration because they have no facts to support their existence, (*c*) increased secretion of the ocular fluids, (*d*) diminished excretion.

"The consideration of these two causes offers grounds that are something more than probable. By investigations it has been determined that the normal course of the nutritive fluids to the interior of the eye are from the ciliary body into the vitreous humor, from which they filtrate through the zonula Zinnii, then pass through the posterior chamber, the pupil, the anterior chamber, and, entering Fontana's spaces, finally reach the circular venosus called the canal of Schlemm, when they enter the venous circulation and are carried from the eye. Any derangement or interference with this filtration process will result in diminished excretion; congestions of the ciliary muscle and ciliary processes, brought about by eye-strain or many forms of headache, can not but result in stimulating secretion through stimulation of the small glands in the ciliary body, occasioned by the increased flow of blood to this part.

"Enlargement of either ciliary body or lens will manifestly decrease the circumlenticular space, and thus interfere with the filtration of fluids through. In those cases of iridocyclitis where the periphery of the iris is retracted, in cases of iritis where the pupillary margin of the iris is adherent to the capsule of the lens, this same interference is readily seen to be exerted."

In this manner Dr. Ferguson continued to trace out one effect after another, until a very pretty theory of the increased tension from a combination of these two causes was developed.

Dr. A. W. Johnstone, of Danville, asked why it is that seventy per cent of cases of glaucoma occur in the Jewish classes.

Dr. Dudley S. Reynolds did not recognize such to be the case. In his experience it had occurred most frequently in that class of people most likely to suffer from eye-strain, as sewing women, students, and watchmakers. He had seen nine cases among the gentiles to one among the Jews.

Dr. Holland thought such a singular fact could only be accounted for on the ground of personal peculiarities or the fact that they do not eat pork. (Laughter.)

Dr. Bailey could not agree with Dr. Holland's personal-peculiarity theory, because he supposed Jewish women sometimes had glaucoma.

Dr. Ap M. Vance, of Louisville, called attention to a modified application of local anesthesia. It consisted of the ether spray and differed from the old application only in this, that he had found it unnecessary to wait for the parts to become frozen before the operation was begun: he begins his operations in a few seconds after the spray strikes the part. By this means a tracheotomy had, he said, been successfully performed, an eye had been enucleated; and he is now accustomed to use it at all times in the performance of tenotomy. He claims to have cut the whole plantar fascia in a child, without a flinch, and has repeatedly severed the tendo-achilles under its use, and sometimes without the patient being aware that the operation was begun until it was completed.

Dr. Mathews had long hoped for something of this kind, and when Dr. Vance had mentioned the matter to him some weeks ago he was eager to make an application of it in his special line of practice. He had, therefore, tried this means on a limited number of cases of hemorrhoids which he ligated, and if he was to reach his conclusions from his experience in those cases the number would not be materially increased. The pain after the operation was simply excruciating.

Dr. T. H. Stucky, of Louisville, read a paper on Catarrhal Headache.

In the evening Dr. J. W. Holland delivered a discourse on "The Cause of Consumption." He spoke as follows:

There are doctors here who no doubt will shrug their shoulders at the word *cause*, but I now employ the term in the singular for reasons which will appear. To the old stock of knowledge concerning this disease there has recently been added a fact of great significance. This fact was discovered about two years ago, and in that short space of time it has received almost universal acceptance. It is interesting to observe the influence of this new fact upon what we previously knew of the disease which it concerns.

Among the conditions long supposed to affect the course and fatality of the disease climate has held a prominent place. It was thought to have much to do with consumption; that is an error. In Europe, where the countries have well-organized administrations and where the fatality statistics have been kept with the most sedulous care, the mortality lists show the disease to be about equally fatal in the tropics with that which prevails in the north. About one sixth of all deaths are due to consumption, one third of all people who die of disease die of consumption. Altitude, however, has much to do with the rate of mortality from this disease. It is found that as you ascend the mortality grows less and less until a point is reached where consumption is comparatively unknown. Is this due to climate? No. Because if you go north, where the isothermal line descends until it reaches the surface of the earth, there you will find consumption prevailing. It is said to be due to the greater purity of the air and its attenuation. I am inclined to think it largely an element of purity. It is something more than a theoretical assumption to speak of the greater purity of the air at these heights. It has been proved to be so beyond question. Occupation has something to do with the mortality from the disease. Those who live indoors a greater part of their lives in an atmosphere tainted by respiration are more likely to suffer from the disease. Age and sex both exert a modifying influence upon it; the years from fifteen to forty-five are attended by the greatest mortality, and more women die of it than men.

There is no more common observation than that "consumption runs in a family," or in a side of a family. Some other features have been noted, but the significance of them has been disputed. Dr. Rush in his treatise says the disease was unknown among the American Indians, it was not among their legends and traditions until a comparatively recent period. Now they die as freely as the whites. Livingstone and Stanley state that the negroes of Central Africa do not have the disease.

There is one other fact which appears to have an extraordinary significance beyond all these others. In 1874 three Greek physicians inoculated a man with the disease. They had this rare opportunity. He was doomed to die, and they inoculated him with the sputum from diseased lungs. Great care was taken to eliminate all sources of doubt. There was no history of family susceptibility. About the third week after the inoculation the signs of consumption began to manifest themselves in his body. At the post-mortem examination tubercles were found in the apex of each lung and some on the free surface of the liver.

These are remarkable facts, and they are capable of two interpretations. Some will say that when the white man came among the Indians, he brought his firewater and his other methods of dissipation, and his system underwent the same deterioration which renders the white susceptible. Others may say, with Dr. Formad, of Philadelphia, in reference to the Greek experiment, "The man was half dead anyhow." But after all is said, here is a disease of definite character, prevailing in all parts of the world, always the same, operating uniformly through all the varied conditions I have mentioned, it would seem reasonable to refer a constant effect to one unvarying cause, and all these others should then be regarded in the light of predisposing. The lungs of a consumptive always contain what we call tubercles. When these little tubercles are examined under the microscope, after having passed through certain manipulations, they are found to always possess one character; they are found to be filled with very minute rod-like bodies, which have been called the bacillus tuberculosis. Previous to two years ago it was difficult to define a tubercle in scientific terms. Now, the element which above all others distinguishes the tubercle is the presence of these little rod-like bodies. Let us look into these a little further—they are called the bacilli of tubercle. A young German doctor by the name of Koch began the study of the disease known as splenic fever, and found by a series of masterly experiments that it was in all cases due to a little rod-shaped body, which is represented here in this map. This little body has the power of reproducing itself by division indefinitely when it is placed upon a fertile soil. It is not a bug; I state this because the detractors of Dr. Koch's theory have designated it "a bug theory." It is a plant which has the power of motion and of indefinite multiplication. It has two effects, one is localized; but when it gains entrance to the general circulation of the blood it rapidly produces another set of phenomena. It can be raised in crops. Koch raised hundreds of crops, and every time that it developed he put it into an animal, and every time he put it into an animal susceptible to the disease that animal died. I mention that to show you the beginning of the man's career. He was invited to Berlin, when, after a series of discoveries, perhaps less important, he turned his attention at last to consumption. He worked at this subject for five years, and after he had settled it conclusively he announced it to the world. Since then the subject has been thoroughly discussed, and it has borne the fiercest light of criticism. These bodies found in the expectoration of consumptives, when cultivated in groups, were found to grow more potent and reproductive the further they were separated from the original germ, but in every instance they produced like phenomena.

How does this affect the old view? It would appear to satisfy the conditions I mentioned a while ago. It is important to state now that there are degrees of the power of communication. The parable of the sower illustrates what I would express. "Some of the seed fall by the wayside, some in the stony ground, whilst others again fall upon fertile soil and reproduce themselves many fold."

Dr. Holland continued his remarks until

he developed the theory of the contagiousness of consumption, and emphasized the necessity of care on the part of people who suspect that they possess this fertile soil in placing themselves under circumstances where they are likely to become the recipients of this germ. He showed why it was important that persons whose family history was suspicious should live out of doors as much as possible and avoid crowded cities and all places where the air is impure and probably contaminated.

At the conclusion of Dr. Holland's remarks, Dr. Dudley S. Reynolds called attention to the rapid multiplication of these germs, and in order to give some tangible conception of that rapidity, stated that they increase in a fertile soil at the rate of 40,000 per minute.

WEDNESDAY FORENOON.

Dr. L. S. McMurtry made the report on the Progress of Surgery.* The first portion of the report was devoted to the consideration of the subject of anesthetics. Recent investigations as to the comparative merits of chloroform, sulphuric ether, bromide of ethyl, and anesthetic mixtures of these agents were reviewed in detail. The experimental investigations of Dr. B. A. Watson, of Jersey City, were carefully considered, and his conclusions were that sulphuric ether is decidedly the safest anesthetic which has yet been employed in surgical practice, the mortality being relatively small when compared with that of chloroform, bromide of ethyl, and the mixtures employed. These agents of experimental study are confirmed by clinical experience. Dr. McMurtry doubts if any agent will ever be found which can carry patients so near the border lines of life in safety. He doubts if any thing is accomplished in avoiding danger by the indiscriminate exhibition of alcohol before giving an anesthetic. He then discussed the method introduced by Mollière, of administering the vapor ether per rectum—the recent publications of Dr. William F. Bull, James B. Hunter, and Robert F. Weir, upon this mode of anesthesia. The brief experience already recorded he claimed demonstrates the danger of the method as exemplified by intestinal hemorrhage or diarrhea; but the advantages of a method which suppresses the period of excitement, permits accurate regulation, avoids bronchial irritation, and aids materially in operations about the face, are apparent, and the method deserves to be tested thoroughly. In concluding this portion of the report the speaker commended the ether inhaler of Dr. Allis, of Philadelphia. The greater portion of Dr. McMurtry's paper was devoted to recent improvements in abdominal surgery. He discussed at length the treatment of wounds of the intestines, and declared the indications of treatment in contused, lacerated, punctured, and gun-shot wounds of the intestines to be prevention of fecal effusion and peritonitis. To secure the first, the wound of the tube must be securely sutured, however small it may be. To do this and cleanse thoroughly the peritoneum, the abdomen should be opened by abdominal section. The speaker in this connection called attention to the very confident views expressed by the late Doctor Marion Sims, in 1882, which he thus quoted: "I have the deepest conviction that there is no more danger of a man's dying of a gun-shot or other wound of the peritoneal cavity, properly treated, than there is of a woman's dying of an ovariotomy properly performed," and remarked that in the able paper of Dr. Parks, recently given to the profession on this subject, this statement of Dr. Sims was deemed prophetic. Dealing with another branch of abdominal surgery, Dr. McMurtry alluded to the difficulties and uncertainties which surround the diagnosis of abdominal tumors. These difficulties were so great that in a large number of cases the diagnosis can only be positive when the abdomen is opened. He detailed illustrative cases from his own experience. In one case, that of a young lady with a fluid accumulation in the abdomen, the patient had been in the hands of several skillful surgeons, with a different diagnosis by each. After aspiration and the removal of two gallons of fluid, complete recovery ensued, thus showing the tumor to be a cyst of the parovarium. After discussing at length the differential diagnosis of abdominal tumors, the speaker concluded with the statement that, "While the results already achieved in the brilliant domain of abdominal surgery surpass the expectations of the most speculative enthusiast of half a century ago, there remains a vast and rich outlying province as yet untried by the restless foot of genius."

Dr. A. W. Johnstone, of Danville, said:

There is one addition that ought to be made to the report with reference to the treatment of the wounded peritoneum, and that is drainage. There has been more pointed out in the last two or three years on that subject than almost any other in this connection, and with one exception, perhaps that of securing absolute cleanliness, it is most important.

*The NEWS will soon publish this paper in full.

Lawson Tait speaks of drainage by the alimentary canal; he says he has long been in the habit of purging these cases that need drainage, and has secured excellent results from the practice. We all know that when a purgative is given, water must come from some source. I have had some experience with this treatment myself, and the results were most admirable. There is another point of importance, and that is the size of the drainage-tube to be employed in ovariotomy. I am much pleased with the very large drainage-tubes now in use. In one case in which I operated the adhesions were so extensive and the bleeding points so numerous, after the tumor was severed from its attachments, that I found it absolutely necessary to employ the persulphate of iron to stop the hemorrhage. I expected trouble from it afterward, but I was much gratified to find the clots, iron and all, passing through the large tube I had inserted for drainage.

Dr. D. W. Yandell, of Louisville, was understood to say:

With reference to the future of gun-shot wounds of the peritoneum, I must object to the doctrine of Dr. Sims. It was a matter of considerable discussion between us on the occasion of one of our meetings. He then took this extreme ground, to which I objected then as now, as not expressing the real condition of our resources. He says he has the deepest conviction that man should no more die from the effects of a gun-shot wound of the abdominal cavity, properly treated, than a woman should die of an ovariotomy, properly performed.

That is to say, that ninety-seven per cent of successful terminations ought to occur. That is misleading not only to the profession but to the people who are, after all, our auditors. What I wish to say is this, that taking the experience of individual members of this Society—which, as they live in Kentucky, will probably include half a dozen each—four of the six will die, one of peritonitis, two of hemorrhage, and one of septicemia. Twice as many will die of hemorrhage as of any thing else. Shot wounds, therefore, are bound to be more dangerous than ovariotomy because in that operation hemorrhage is not unlooked for; you expect it and you are prepared to meet it. You know when and whence it will probably occur.

Again, in shot wounds, there never was a man yet wise enough to tell where a ball has gone when it has once entered the body.

While I believe it is good surgery to open the cavity, as taught by the master of us all, yet there are many cases in which opening is quite beyond good surgery; that is to say, a man has a ball from a derringer pistol going right through him, and you find him pulseless and cold—desperate. Under such circumstances, I do not think it good surgery to open the cavity for any thing. With cutting wounds it is quite otherwise. Most shot wounds are inflicted at close quarters, and whether it is the terror felt at the sound of the pistol, or what, I am unable to say, but the fact remains, the shock is deeper and more profound than the result of a knife wound.

All that I meant to say is this, that the declaration of a great man published in a moment of enthusiasm is misleading; that the statement is not sustained by facts nor likely to be; that shot wounds are incalculably more dangerous than the knife in the hands of the surgeon.

Dr. J. A. Larrabee, of Louisville, said:

I do not propose to discuss the surgical bearing of the paper. During the reading of it I was impressed by the remarks upon anesthesia, and particularly in reference to chloroform. The deductions in regard to chloroform are, it appears to me, not well taken. That a death occurs under its use occasionally can not be doubted, but it does not bear the same significance that a death does when it occurs from the plan, for instance, of anesthesia produced through the rectum. In the limited number of cases where that has been done one death has occurred; while chloroform is not alone used in surgery, but widely extensively in medicine all over the West and South. It is important too to bear in mind the means to be resorted to for resuscitation when danger begins to be manifested. In one case measures must be addressed to the function of respiration, while in the other the organs of circulation will require attention.

Dr. Stone, arising to speak to the subject, remarked that his paper would bear somewhat upon the importance of avoiding errors in the diagnosis of abdominal tumors when he should be called upon to read it. While the subject was before the Society he related the following case:

Mrs. H., age thirty-five, German, very ignorant, was transferred to a metropolitan hospital from the county alms-house for treatment for an abdominal tumor. Five weeks previous she was tapped and five gallons of fluid withdrawn. She is the mother of three children, the youngest seventeen months of age. Her abdominal trouble began six months ago, when she was seized with sharp pains in the back and side; subsequently vomiting occurred at intervals continuing for two months.

With this history before him a well-informed physician, but only a yearling in practice, examined her and pronounced it a case of simple ascites. Two physicians of larger experience were called in consultation. They discovered a tumor, and after a protracted examination pronounced a diagnosis of left ovarian dropsy. A week later she was turned over to a distinguished professor of surgery for operation. He made an examination with the sound and externally, and after hearing the history concurred in the diagnosis. The next day an eminent physician of large experience was called in. He used the sound and speculum and external examination. He concurred in the diagnosis and the advisability of an early operation.

A few minutes after this examination a slight bearing-down pain expelled a large clot of blood. A small opiate was administered and all suspicious symptoms passed away. The fifth day after this was set for the operation. The day following the professor delivered a clinical lecture to a large class of students upon ovarian disease, and the differential diagnosis, with the patient before them.

An able obstetrican, a professor, and author of national reputation, was called in late in the after-

noon of the day preceding the operation. With the history before him, he examined with the sound and speculum and externally and diagnosed the existence of two tumors, one the enlarged and subinvoluted uterus, the other of doubtful character, probably cystic, developed within the broad ligament. The sound when withdrawn, as in the previous examinations, was covered with blood and pains came on soon afterwards. In fifteen minutes a clot of blood and three pints of water passed from her vagina, and at 8 P. M. she gave birth to a six and one half months child, which lived till morning, and died.

There were several misleading features about this case, especially the history and preceding examinations, still it teaches the importance of the utmost care in cases where so much is involved.

Dr. D. W. Yandell, of Louisville, was understood to say:

This is simply a report of one of our failures. If the faithful remained until all the faithful told their experience, this society would last until Christmas. I know of two or three such cases as we have just listened to. Professor Miller and Professor Bayless diagnosed an abdominal tumor to be ovarian, and not until the woman gave birth to a child did they discover their mistake. Some years afterward, a woman came from Mobile; she had a tumor; she was a widow. Parvin saw it, Miller saw it, and Thomas saw it. All declared it to be a fibroid. In the fall she gave birth to a child. There is a gentleman present, through whose kindness I saw a case, four years ago, of an enormous tumor, pronounced by Parvin, Sam Gross, and other eminent men, with myself, to be a fibroid. Time went on; she got some muriate of ammonia and ergotine, and one night about a year ago she was seized with all the spmptoms of peritonitis, collapse, and shock, and the gentleman called to her tapped her as being the only likelihood of giving her relief, and drew off an enormous quantity of fluid. It refilled; I saw it, operated upon her, and while the operation was as easy as it was possible to do, the woman died. That woman was seen by enough eminent men. Such cases show simply that the wisest and most experienced men make mistakes. (To be Continued.)

JACKSON COUNTY (IND.) MEDICAL SOCIETY.

The last quarterly meeting of this Society was held at Seymour, June 5th. Dr. W. E. Whitehead, of Vallonia, reported a case of puerperal erysipelas, followed by peritonitis, which evoked considerable discussion on the subject of puerperal infection. Some maintained that erysipelas never infected the puerperal women through the hands of the physician. Others reported cases in which not only the erysipelas poison but also that of scarlatina was communicated to puerpera through the hands of attending physicians who had been lately treating cases of the former diseases.

Dr. S. H. Charlton, of Seymour, presented before the society, a patient, aged fifty-nine years, suffering with scirrhous cancer of the mesenterium, about an inch to the left of the umbilicus. The tumor was about one and one fourth by three fourths inches in diameter, the neighboring structures not much infiltrated. The feasibility of excision was discussed, but no decided opinion was pronounced. (A full report of this case will appear in the NEWS shortly.)

L. S. O.

Correspondence.

Editor Louisville Medical News:

I would be glad if some of the readers of the NEWS would give their opinion on the following case:

The patient was about thirty-six years of age, married, father of three healthy children, a lawyer by profession, though living in the country at the time of his sickness and subsequent death. The history of his late illness is substantially as follows: He was attending circuit court at his county-seat on the 5th of the present month, and complained then of not feeling well, being dull and stupid, with no appetite. On the 7th he suffered with pain in his stomach. On the 8th he came by my house in his buggy on his way home, stopped a few minutes, and I gave him the following:

℞ Hyd. chlo. mit., ... gr. i;
Bismuth. subnit., ... grs. iii;
Morphi. sulph., ... gr. ¼. M.

I directed him to take this at bed-time, promising to call on him in the morning. The next evening I saw him. His pulse was high, but not strong; temperature 103.4; urine scanty and high-colored; bowels inclined to be constipated; pain over the stomach very painful upon pressure, with a feeling of nausea, but without vomiting; this had eaten nothing for several days. There may have been due to the fact that he was severe and almost constant pain in the lumbar region, his tongue coated with a thick yellow fur, dry, accompanied by great thirst. I gave him

℞ Hyd. chlor. mit., ... grs. vi;
Bismuth. subnit., ... grs. xii.
M. Div. capsules six. Sig: One every four hours.

I also directed him to use chlorate of potassium freely. In connection with the above I also directed him to take tincture buchu every four hours, giving the usual dose.

He rested tolerably well that night; much better than on the previous night. On the evening of the 9th I saw him, and found a marked improvement in his state. The pulse was calmer and more regular; the temperature was 101.4; tongue moist and white and cleaning off. The bowels had moved once, but there was no change in his urine as to quantity, though the color was lighter than on the previous day. I gave

Quinine sulph., ... grs. xxxvi;
Chlorate pot., ... grs. xii.
M. Div. capsules 12. Sig: Take four hours apart.

On the 10th I saw him, and found the fever gradually giving way; his bowels had moved; he was able to sit upon the edge of the bed and had his pants on, which he wore every day till his death. He gradually improved in this manner, improving in every symptom except the state of his urine, which was still scanty, while his back, in the lumbar region, still gave him pain, though during my absence this pain had been absent for a period of twelve hours, when it returned. I noticed that respiration was difficult, that he was very weak, and that he was somewhat flighty, though he would answer all questions rationally whenever put to him. On the 12th I again saw him in the evening. His temperature was 98.4, the tongue clean and moist. He had rested well all day, sleeping most of the time up to midnight, when he became restless. His fever now came up, and by morning of the 13th his temperature was 101.5, his forehead was covered with profuse perspiration, and his respiration was hurried and difficult, the pain in his back and lumbar region giving him great trouble. Stimulants not being indicated, I ordered some tincture buchu to be given in his water when he wanted a drink, and left him (being compelled to see another patient), promising to be back in the afternoon. At 12 o'clock on this day I got word that he was dead. The death was easy, but he had to be propped up on pillows on account of difficult breathing. Though buried in twenty-four hours after death, the body was in a state of advanced decomposition.

*

CHLOROFORM NARCOSIS DURING SLEEP.—Dr. John Gray, of Trufant, Mich., reports in the Record a case in which he administered, during sleep, to a child three years of age, chloroform to complete narcosis, during which a minor surgical operation was done. This is the second case of the kind reported during the year.

Selections.

MENTHOL.—I think it was Mr. Malcolm Morris who, some time ago, spoke of the antiseptic use of menthol in ringworm of the scalp. I applied a solution in rectified spirit to the tinea tonsurans of a young friend in the winter of 1879, and cure resulted; and recently I have met with success in this disease from a pomade of menthol, iodoform, and vaseline.

In facial neuralgia, in some forms of sciatica, in neuralgic headache (clavus), and in toothache—the most recent instance being in a severe case of a lady recovering from acute alcoholism—I have repeatedly found relief to follow within a few minutes of its application. The cones or sticks are useful for external application. Frequently, however, I use now the following formula: Menthol, 30 grains; and spirit of rosemary, rectified spirit, each two drams; or compound spirit of lavender may be used instead of the rosemary for application to the cavity of a carious tooth. I have only taken it once internally myself, but never have prescribed it. This has, however, been done.—*Archibald D. Macdonald, M. B. Edin., in British Medical Journal.*

MULLEIN IN PHTHISIS.—Dr. F. B. Quinlan (British Medical Journal) reports the following case: Richard F., aged thirty, an engine-driver in the office of the Freeman's Journal, was admitted into St. Vincent's Hospital on February 29th last, suffering chronic phthisical disease of the apices of both lungs, and was treated in the usual way, and with the usual results, with the milk-decoction of mullein. (See British Medical Journal, January 27th, 1883.) His principal trouble had been a constant racking cough, which, however, he informed me, he had now in complete control by smoking the dried leaves of the mullein-plant in an ordinary tobacco-pipe. Whenever he was attacked by this cough, he used to fill his his pipe with these dried leaves, broken up into a kind of coarse snuff, and, by the time he had finished, the cough would be relieved. After he had been a few days in hospital, he told me that he suffered severely from the cough at about 3 A.M. every morning; but that he was afraid to smoke, as it would be a violation of hospital rule. I told him that this only applied to tobacco-smoking, and that he was free to smoke his mullein, provided he was careful not to set

his bed on fire. His cough was at once relieved, and he is now up and talking of going back to work. A remarkable feature in his case is that he does not use tobacco in any form.

The Etiology of Phthisis.—J. Andrew, M.D., F.R.C.P., thus concludes the first of his Lumleian Lectures before the Royal College of Physicians (British Medical Journal), April 5th: Whatever may be the relation between dampness of the soil and phthisis, it is clearly one which may be overpowered or masked by other forces.

Of the three conditions so far considered, two—viz., altitude and soil-dampness—have, undoubtedly, great influence; the first in preventing, the second in developing phthisis; and, in both, the facts indicate that there is a something, in large measure independent alike of the constitution and social habits of the population subject to it, but without which phthisis can not exist. It is certainly improbable that altitude acts by producing, sooner or later, a race of men which is proof, or all but proof, against certain morbific conditions. For, on the one hand, natives of the hills readily contract phthisis in the low-lands; and, on the other hand, the low-landers recover when removed to the hills. The antiphthisical constitution, if it be in any way due to altitude, must be a very temporary affair, easily acquired and easily lost; and yet there is no *a priori* improbability against the formation of such an antiphthisical constitution, or against its acquiring a permanent character. Indeed, we know that there are races which remain comparatively unharmed by phthisis in the midst of deeply infected localities, for example the Chinese in Melbourne.

Since, then, at a certain height above the sea, phthisis ceases to occur, and affected cases recover without affecting injuriously their friends and neighbors, while there is no reason to suppose that these latter possess any special protection against phthisis, other than what may be temporarily due to residence at a certain altitude, it is surely reasonable to suggest that the cause of this immunity is to be found in the supposition that some external agent essential for the development of phthisis is here inert or absent. In the case of soil-dampness, the probability of the existence of some such agent is even greater. It is difficult to understand in what way the drying of the soil, by the execution of sewerage-works, could have so profoundly and so rapidly altered the constitution, occupation, habits, and vitality of the people of Salisbury for example, and of other towns, as at once to reduce by a very large percentage the number of cases of a developmental disease, if phthisis be recognized as developmental, or of a directly contagious disease, if it be recognized as directly contagious. Surely here, too, as in the case of altitude, a reasonable, perhaps the best, explanation of the facts is that phthisis is produced by some external agent, but yet not spread in the ordinary course of things by direct contagion. The evidence from the effect of climate pointing in the same direction is less strong, for the affirmative facts are less certain and less striking. The exception, however, under all three heads, climate, altitude, and soil-dampness, permits even a stronger proof than can be drawn from the general laws to which they are related. It is, I believe, all but impossible to explain these exceptions on either the developmental theory or on that of direct contagion. At present, I would only add that these three conditions are, in themselves, entirely independent of any human agency; that, so far as man's action modifies the unwholesome influence of any one of them, it will be to minimize it by the use of suitable clothing, food, fire, and shelter, and that therefore their real power, as gauged by statistics, is probably under rather than over stated.

Diagnostic Value of Sputum.—The patient was a young lady, aged sixteen, for whom Mr. Gowing had been consulted first on February 19th, for what was said to be a slight cough. He informed me that he considered the case to be suspiciously phthisical, although there was not sufficient evidence to justify at first a positive diagnosis. I saw her and examined her carefully, and, with the exception of a limited dullness over the upper border of the left scapula, and some crepitation in the same region, and a temperature varying from 100° to 102°, which had persisted for some days, material evidence of phthisis was conspicuous by its absence. The girl was plump, and apparently well nourished, with good appetite until within a day or two of my visit; bowels and catamenia regular. She slept well and coughed very little; and had had then no expectoration. In view of the temperature and dullness, I concurred in the diagnosis, and suggested an examination of any sputum that could be obtained.

As soon as some could be procured, I prepared and stained it according to Dr. Heneage Gibbes's method, when swarms of bacilli were at once apparent. Thereupon, a most unfavorable prognosis was given, and the patient was removed to her home on the first suitable day. She died of acute phthisis on April 21st. After her removal, the right lung was very quickly invaded.

In mentioning this case, I do not, for obvious reasons, wish to draw any positive conclusions; such can only be justified by a far larger amount of material than any one can encounter in private practice. Nevertheless, we assumed for once the truth of the dictum "No bacilli (*i. e.*, the bacilli which alone stain by the method we employed) without phthisis;" and gave a positive and, as proved, a reliable prognosis, under circumstances which would not, without microscopic examination, have justified such a decided and unfavorable opinion.—*T. Sanctuary, M. D., in the British Medical Journal.*

To Deodorize Benzine.—Add to it gradually, with agitation, three per cent of concentrated sulphuric acid previously diluted with an equal quantity of water; after standing, decant the benzine from the black, tarry residue. Wash the benzine with sufficient of a solution of carbonate of soda to neutralize the acid remaining; decant and wash repeatedly; lastly, separate carefully from the water (or distil). The product will be sufficiently purified for pharmaceutical purposes.—*Popular Science News.*

Contagious Pleuro-pneumonia (New York Medical Journal) is reported to have been detected in a number of stables in Blissville, Long Island, by an inspector acting under the State Board of Health. It is said that the cows are improperly cared for, and are milked up to the time of becoming moribund, the milk being served to customers, or are slaughtered and the meat is sent to market. It is to be hoped that the Board will take energetic measures in these cases, and that the cattle men may be treated to some of their own sauce.

ARMY MEDICAL INTELLIGENCE.

Official List of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, June 1, 1884, to June 7, 1884.

Moore, John, Lieutenant-Colonel and Assistant Medical Purveyor, ordered to perform, in addition to his present duties, those of medical store-keeper, San Francisco, Cal. *Johnson, Henry*, Captain and Medical Store-keeper, relieved from duty at the Medical Purveying Depot at San Francisco, Cal., and ordered to report for duty at the Medical Purveying Depot, New York City, relieving Capt. Andrew V. Cherbonnier, Medical Store-keeper. *Captain Cherbonnier*, on being relieved by Captain Johnson, will proceed to St. Louis, Mo., and report in person to Captain George T. Beall, Medical Store-keeper and Acting Assistant Medical Purveyor, for duty at the Purveying Depot at St. Louis, relieving Captain Beall of his duties as Medical Store-keeper, (Par. 7, S. O. 128, A.G.O., June 3, 1884.) *Fryer, Blencowe E.*, Major and Surgeon, granted leave of absence for one year, from July 1, 1884. (Par. 7, S. O. 128, A.G.O., June 3, 1884.) *Hall, John D.*, Captain and Assistant Surgeon, granted leave of absence for three months, to take effect on his arrival at St. Paul, Minn. (Par. 8, S. O. 128, A.G.O., June 3, 1884.) *Heyer, Anthony*, Major and Surgeon, assigned to duty at Fort McHenry, Md., as Post Surgeon. (Par. 1, S. O. 108, Hdqrs. D. of East, June 2, 1884.) *Huntington, David L.*, Major and Surgeon, during the absence of the Surgeon General directed to take charge of the office of the Surgeon General and perform his duties. (Par. 6, S. O. 129, A.G.O., June 4, 1884.) *Bentley, Edwin*, Major and Surgeon, assigned to duty at Fort Clark, Tex., as Post Surgeon. (Par. 1, S. O. 68, Hdqrs. D. of Tex., May 31, 1884.) *Koerper, Egon, A.*, Captain and Assistant Surgeon assigned to duty at Fort Keogh, M. T. (Par. S. O. 58, Hdqrs. D. of Dak., May 27, 1884.) *Barnett, Richards*, Captain and Assistant Surgeon, now on sick leave of absence, is relieved from duty at Columbus Bks., Ohio, and ordered to report to commanding General Department of the East for assignment to duty. (Par. 2, S. O. 129, A.G.O., June 4, 1884.) *Cunningham, T. A.*, Captain and Assistant Surgeon, ordered to relieve Assistant Surgeon C. B. Byrne, U. S. A., from duty at Fort Lewis, Cal., Assistant Surgeon Byrne, when so relieved, ordered to proceed to Fort Gibson, I. T., and report to the Post Commander for duty. (Par. 2, S. O. 112, Hdqrs. Dept. of Mo., June 4, 1884.) *Banister, J. M.*, First Lieutenant and Assistant Surgeon, granted leave of absence for one month and seven days, to commence June 13, 1884. (S. O. 22, Hdqrs. Div. of the Atlantic, June 5, 1884.) *McCreery, George*, First Lieutenant and Assistant Surgeon, granted leave of absence for two months, with permission to apply to the Adjutant General of the Army for two months extension. (Par. 3, S. O. 56, Hdqrs. Div. of Mo., June 5, 1884.) *Wilson, George F.*, First Lieutenant and Assistant Surgeon, relieved from temporary duty at Fort Canby, Washington Territory, and ordered to return to his proper station, (Fort Walla Walla, Washington, Territory.) (Par. 2, S. O. 70, Hdqrs. D. of Col., May 26, 1884,) *Owen, Wm. O. jr.*, First Lieutenant and Assistant Surgeon, having reported at these headquarters in compliance with Par. 5, Dept. Special Orders, No. 62, current series, will return to and take station at Fort Stevens, Oregon. In addition to his duties at Fort Stevens, Assistant Surgeon Owen will perform those of Medical Officer at Fort Canby, Washington, Territory. (Par. 1, S. O. 70, Hdqrs. D. of Col., May 26, 1884.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JUNE 21, 1884.

Medical Societies.

THE KENTUCKY STATE MEDICAL SOCIETY.

Proceedings of the Twenty-ninth Annual Session, held at Bowling Green, June 3, 4, and 5, 1884.

(Reported by A. H. KELCH, M. D.)

[CONCLUDED.]

WEDNESDAY AFTERNOON.

At the conclusion of the discussion of the report of the Committee on the Improvements in Surgery, Dr. James S. Parrish, of Glasgow Junction, reported the following case:

May 22, 1878, Mrs. R., aged forty-three, twenty years married, without children, was found to have an enlargement of the right ovary, which had been perceptible for the past six months. The *uterus* or tumor presented itself in the umbilical region, having a hard, *movable surface*, being a little to the right of median line. Upon examination by vagina the os uteri is found high up in the hollow of the *sacrum* and turned back toward the vaginal cul-de-sac, very much shortened, and presenting a broad, indurated surface.

"At the end of the examination," says the doctor, "the diagnosis not being made out (though I gave it as my opinion that it was an ovarian tumor), we all agreed to give the patient some general alterative treatment, and trust a while to nature. I heard no more of the case until June 3d, at which time I received a dispatch to meet the doctors at Smith's Grove, for the purpose of *aspirating* the tumor. After another consultation, in which Dr. George Erwin was present, we agreed to aspirate the tumor with a view of its *shedding* more light upon the case. This was done on the 4th of June, and a small quantity of straw-colored fluid drawn off, when, syncope supervening, the operation was deferred and another consultation held. The day following, and for several days subsequently, the pulse was 110 to 118, and temperature 100.5° to 102°, followed by diarrhea; she was removed to her home, in the country about fourteen miles, on the seventeenth day after the operation. About a week after she was seized with severe pains, and the husband, a minister, sent for the nearest physician, about two miles distant; and while awaiting his arrival his wife was over the vessel, when she felt something give way and *commenced passing the mass by way of the bowel.* The husband grew very much excited to see this, and on the arrival of Dr. H. he expressed it as his opinion that the sac of the tumor had passed. The doctor submitted the case, with a hope that the Society would express an opinion as to whether or not it is an ovarian tumor with sloughing and spontaneous cure, or what character of tumor it might be?

[NOTE.—It seemed to be a general impression among the members of the Society, privately expressed, that Methodist ministers, as a rule, were not sufficiently acquainted with the minute anatomy of the female at this point to be able to state definitely, especially when excited, whether a tumor, or "mass of flesh" as it was termed, was passing from the bowel or vagina.—REP.]

Dr. Pinckney Thompson, of Henderson, read a paper on Typhoid Fever. He said:

As I am on record, in the last publications of the Kentucky State Board of Health, as to the etiology of typhoid fever, it is not now necessary for me to repeat views already expressed. In the limited time of a paper before the State Society it is impossible to speak of its pathology, and I have therefore to-day concluded to speak concerning its treatment. It is of the utmost importance that an early diagnosis should be made. When a doubt exists as to the character of the case, which is not infrequent, as sometimes continued malarial fever closely simulates it, my advice is to test it with such remedies as will remove the doubt as to its malarial character. This being done, and the typhoid nature of the disease established, the most important matter is to consider what are the dangers and what the remedies as the case progresses. Typhoid fever is a disease that has a distinct clinical history and runs a distinct course, and in my judgment is never aborted by remedies. The two first great important conditions to consider are the heat that necessarily develops, the fire, if you will, to which in my judgment and experience, the majority of patients succumb, and the involvement of the heart in the way of partial paralysis. In making the diagnosis of typhoid fever it is not necessary to regard some disturbance of the alimentary canal as an essential factor in establishing the existence of the disease. In some cases of the most inveterate type I have found no such disturbance, but, on the other hand, a sluggishness amounting to constipation. One

case in particular impressed me. I saw, in consultation some three years ago a young lady twenty-two years of age. She had been sick twenty-two days. When I first saw the case I pronounced it typhoid fever. Four days later she died, and twenty-four hours after death the autopsy revealed a perforation of the ileum.

In controlling the heat that is usually developed in this disease there is nothing so efficient in my experience as cold water. The water need not be so cold as to produce the shock, which is objectionable. I do not believe it necessary even to have it below seventy-five or seventy-six nor above ninety degrees. It abstracts the heat, and should be repeated as often as necessity requires, guided by the thermometer. The manner of applying it is of the utmost importance. The immersion bath has been recommended. This not only involves considerable expense and inconvenience, but is oftentimes impossible to accomplish. I prefer the sponge bath, which is easily applied, not expensive, and in the hands of every one. It should be used as heat demands. The next important thing is to sustain the heart's action, and the best agent to accomplish this and lower the temperature is, in my experience, alcohol. Another important remedy for reducing the temperature and controlling the circulation in the early stages is salicylic acid in ten, fifteen, or twenty-grain doses. It must be watched, however, on account of its depressing effect upon the heart. Digitalis in connection with mineral acids, as recommended by Dr. Flint, especially in connection with phosphoric acid, has given in my hands excellent results. I have also given the acids with strychnine. In the latter stages of the disease, used in connection with belladonna, the heart's action is sustained while at the same time the bowel troubles have been greatly mitigated. When, in spite of all, excessive diarrhea with a tendency to fatal hemorrhage supervenes, I know of nothing better than opium and subnitrate of bismuth. An important feature of typhoid is the frequency with which intolerance on the part of the stomach manifests itself. I have seen cases in which ice and subnitrate of bismuth were promptly expelled yield at once to iodide largely diluted in water, given every thirty to sixty minutes or two hours as the case may require. It is not necessary here to speak of the necessity for cleanliness in all respects. In conclusion, let me assure you, gentlemen, there is no disease the physician is called to treat that demands from first to last a more rigid adherence to the principle of systematic treatment than typhoid fever.

Dr. J. L. Taylor, of Greencastle, reported a case of typhoid fever which presented a typical history of the disease up to the eleventh day, at which time the temperature fell to 97°, and continued so through all the remainder of the case, which was characterized by the usual symptoms up to the twenty-second day, when it rose to 99°, and continued to vary for a few days, when convalescence was declared.

Dr. Wm. Bailey, of Louisville, said:

I regret exceedingly that the first paper did not discuss the disease rather than the treatment, because the whole rational treatment of the disease depends upon the conception of it which is formed. I think it a specific infectious disease, due to a poison which produces it and no other malady. I believe it to be due to bacteria; that we have the passage of it through the system, bringing about a group of symptoms, separate and distinct, which we call typhoid fever.

With this consideration, then, we would be prepared to discuss the paper by Dr. Thompson. This specific poison in the system brings about many important changes besides those it works in the alimentary canal. Not more than ten per cent of the fatal cases occur through any lesion of the intestinal tract, though diarrhea and hemorrhage and perforation are factors we must not neglect. The danger is in exact proportion to the duration of the elevation of temperature. Elevation unduly prolonged lies at the root of most cases. I am a confident believer in the benefit that comes from the reduction of temperature by antipyretics. Of them some have been commended, some rejected. I think no man, since the article on typhoid fever (Leibermeister), has a right to reject these remedies until they have been given an extensive and impartial trial. No man ought to speak against the antipyretic efficiency of quinine until he has given it in antipyretic doses. I know of no reason why quinine should be more objectionable to the stomach than salicylic acid. Alcohol, when we begin to near the natural termination of the disease, meets a good indication in supporting a weakened heart. To it alcohol acts in the nature of both the "oats and the spur." It feeds the heart by the stimulation and dilation of its own vessels, and, as to quinine, I would advocate its employment in antipyretic doses whenever the thermometric record runs above 104°. This occurs about the third week of the disease. Having given a decided dose, say twenty grains, I should expect to find no indication to repeat it short of forty-eight hours, because the temperature does not readily rise.

Dr. J. A. Larrabee said:

I desire to congratulate the Doctor on the course advocated, as it exhibits a disposition in the management of typhoid fever to return to first principles. It is beginning to be discernible in the discussion of societies, that symptoms which are valuable to the physician at the bedside, exert a controlling influence upon the measures of treatment adopted.

All rational physicians ordinarily, at some time in the course of typhoid fever, resort to the use of alcoholic stimulants. That alcohol reduces temperature can no longer be doubted; the manner in which it does so should occupy some attention. I can not agree with Dr. Bailey that it acts as the "oats and the spur." It decreases temperature by paralysis of the arterioles, allowing the blood to flow more freely to the surface. If this be the case, it must lessen instead of increase arterial tension.

In regard to salicylic acid, I must add my testimony, from my own experience, to that which has gone before, that while it is a very powerful agent to reduce temperature, it does it at the expense of the circulatory system. It produces exactly the same disturbance as quinine, only more intense.

Digitalis I recognize as a heart-food; but even it must be used with caution, for it is not without danger. The heart belongs to the body and shares in the general debility, and under digitalis too great a muscular tension may destroy life by the spasmodic closure of the ventricle.

With regard to the management of the intestinal trouble, turpentine has long enjoyed a deservedly high place in professional estimation. When the dry tongue appears, when there are present evidences of inflammation of the mucous membrane, then the astringent, alterative effect of turpentine is desirable.

The thermometer is undoubtedly a great benefit to the physician in these cases of typhoid fever. By watching its workings the danger is frequently pointed out before it is upon the patient. That high temperature is a factor in producing death can not be doubted. That we can abort the disease is not held at the present time; we are, therefore, in for the management of it, and the word management is, perhaps, more expressive of our object than the word treatment.

With regard to the reduction of temperature by water, I think it a good plan, but I would not advocate the immersion of the body; especially are the movements necessary to accomplish this of great harm in the trembling stage of the disease.

In malarial districts we often have a prodromal stage resembling typhoid fever, and this followed only by malarial fever, but by practice the early indications of typhoid fever become impressed upon the physician. There is a manner, an appearance, a language of the body, that stamps the man who is about to develop this disease and marks it above every thing else.

Dr. Yandell said in substance:

I feel really there is no subject that possesses more interest than this, because it is a general interest. It is interesting to me to note the treatment at the present as compared with the treatment twenty-four or five years ago, which I suppose was fairly represented in the treatment of my own case at that time. I thought it was malarial in the beginning, and I took forty grains of quinine, which served to increase my headache and general discomfort. Dr. Rogers came and prescribed sixty other grains in three separate doses. I was soon very deaf, and have not recovered to this day, not because of the quinine but because of other troubles. Rogers thought I stood a good chance of dying in the first week of nausea, but I finally passed over that period, and then during eight other weeks I was delirious. Throughout the whole of that time I was required to take food every three hours, and then every two hours, and finally every hour. I was constipated for a week at a time; at the end of the week I would have an injection, and finally, three weeks after the delirium had passed, I was able to stand up. I am satisfied that in this case food was oftentimes given at the expense of my convenience, therefore in my own person I have been trying Tanner's method somewhat. In an attack of rheumatism some two years ago, thinking it might possibly help me, I made a fast of eleven days, but it did no good. I commenced taking food again, and in due time the rheumatism passed off. In the winter just passed I fasted twenty-one days—literally without food. At the end of that time I did not feel any particular inconvenience or loss of strength. In the last two years I have treated five cases of typhoid fever in this way, that is, I have been governed entirely by the desires of the patient. Food was forced upon me for nine weeks; I took it never without remonstrance, always with disgust. Last July I treated a case in the person of a young man from Lexington. He went seventeen days with about two or three glasses of water; during that time he had one or two actions from his bowels, on the twelfth day a little diarrhea, for which he took some chalk mixture. He made a good recovery; got well somewhat more rapidly, I think, than ordinary cases. I was gratified. Touching the use of quinine, in 1865 Dr. Rogers and myself were thrown much together. The result of his experiments and my own, carried out through '65 and '66, was to this effect: That at no time in the history of typhoid fever, or typho-malarial, did quinine produce any perceptible good; but after the fever began to subside, to show some disposition to take a periodical form, it was beneficial. I was quite surprised to hear a gentleman say he had encountered no inconvenience from these large doses of quinine. My observation has been just the reverse. The sixty grains made me just that much more wretched, irritable, and excited. I remember to have seen a case in consultation with Dr. Foree—and I think he was one of the most sagacious practitioners I have ever known—in which the disease, in the person of a doctor, lasted twenty weeks. Time and time again the question was discussed between us, when his temperature ran high, still we withheld it till the fever showed a disposition to abate or show a periodical type. At the end of that time it fell to a hundred degrees, then rose to a hundred and two degrees. Foree said now was the time for quinine. I gave him ten-grain doses every two hours until he had taken forty grains. It reduced his temperature and it remained down from twelve to eighteen hours, then it went to one hundred and four again. There is the experience of Rogers and Foree. My own is to the effect in typhoid fever precisely as in surgery. You can reduce the temperature with quinine or salicylic acid as low as you choose and keep it there under the continued administration of the drug, but the moment you withhold it the temperature goes back to where it was and sometimes beyond. I have yet to see that quinine possesses any real power over the course and progress of that malady.

Now with reference to the use of water. The application of the wet sheet, as practiced with my father, won the prize for the best essay on this fever in 1840. I was glad to hear the gentleman say he used hot water. It reduces the temperature in the course of an hour, and I think it a good plan to sprinkle the blanket with water at such a temperature as proves grateful to the patient. So, then the three points I make are, first, as to food; next, that quinine possesses no curative powers whatever in this disease, and whatever good it does is purchased at the expense of the comfort and convenience of the patient; and next, that water is the best antipyretic when properly used that we possess for this disease.

Dr. Holland agreed with Dr. Bailey as to the efficiency of large doses of quinine at long intervals, and had seen excellent re-

sults from the practice. Given fifteen grains in the early morning patients will rest comfortably throughout the day frequently, and pass a better night, feeling refreshed from its effects.

At the conclusion of this discussion Dr. D. W. Yandell presented to each individual member of the Society a memorial of the late Prof. Gross, neatly printed on handsome sheets for framing.

Dr. A. W. Johnstone, of Danville, read a paper on Bigelow's Lithoplaxy. He began by urging on the profession a more careful study of their urethro-vesical cases, stating that as they are now managed many stones are found for the first time on the autopsy table. Before we had so many instruments of precision this might be pardonable, but now a practitioner is as much to blame for letting a man die with a stone in his bladder as he was in the old times for cutting him when none existed. Stone is never the disease itself, but always a symptom or complication of some other trouble, and therefore it should be carefully and repeatedly sought for in all persistent cases. By personal experience he recommended the use of Cameron's stethoscope in auscultating the vesical region while the sound was moved about the bladder, as it magnifies the sounds of small and soft phosphatic stones as well as giving an intelligent idea of the condition of the vesical wall. The statistics which he gave on the various methods of removal were: for lithotomy, one death in eight between seventeen and forty, and one in four above that age, while nearly all recover below it.

The best that ordinary lithotrity had ever done, in spite of the most careful selection of cases, was one in seventeen, whereas lithoplaxy taking nearly all stones and conditions known to adult life and loses only one in thirty-three and one third.

Formerly only small, soft stones in otherwise healthy patients were crushed; now, however, hard uric, weighing as much as one thousand grains, and good-sized oxalates are successfully removed from patients with almost all sorts of known complications, the ægaic obstructions only serving to make us more careful in the operation. F. N. Otis made this operation possible by demonstrating the real caliber of the urethra; but to Bigelow belongs the credit of connecting the tolerance of the bladder, as had already been seen by several, with Otis's idea, and thus lithoplaxy was born.

The operation is being done on a large scale all over the known world, except in the Western, Middle, and Southern States. The only reason that he could give for its backwardness in these sections, was the proverbial dislike of the surgeons for details. For, as in ovariotomy and extraction of cataract, it is now proved that it is gentleness, and not dash, that the bladder most approves.

He then gave a case in detail, from which, two months before, he had removed three hundred grains of phosphates through the narrow urethra of an enlarged prostate, the patient receiving great relief. As he did not stand the anesthetic well, the operation had to be stopped before all the fragments could be removed, about forty grains having passed since. From the paresis caused by the hyperdistension of the bladder from the large amount of water used, the organ can not wound itself on small particles left behind, and we do not fear the same reactions that occur when only the amount that the viscus is accustomed to is used. However, we should not trust to this except when we are forced to, but should remove every particle that can be found. As the prostatic bar could not safely be removed, he expected to have to watch his patient carefully for some time to come, as it might again start the same chain of sequences, and, like Thompson, might repeatedly have to remove small concretions. But as he was sixty-nine years of age he did not fear much reaction, for, like Freyer, of Calcutta, he thought the young and strong were more liable to urethral fever. In speaking of the complications of stone, he said he wanted to enter a protest to what he had once heard a leading surgeon on the New York Hospital staff say, and that was that by no known method of examination of the urine could we get a satisfactory idea of the mischief that has been done to the kidney by this sort of irritation. Time would not permit him to speak in detail, but he was sure that close study of the renal detritus would reveal its true condition. Large oxalate and sacculated stones must still be cut. The dangers of the operator's own making begin with the selection of instruments, and last all the way through. No step is free from danger to the patient and disaster to the operator if he does not know what to do, and how to do it gently. After going over the various accidents that are most liable to happen to an operator, and giving the way to prevent each, he wound up with the statement that "the greatest dangers are of

the surgeon's own making, and it behooves him not only to be careful in the selection of his instruments, but in every movement he makes with them. No one should undertake this who is not personally familiar with all the urethro-vesical disorders, and who is not already a tried surgeon, for in no position could an excited operator do more harm. To those stone operators who have not yet learned this method, I would say, learn it as quickly as possible, for the time is not far off when you must use it or give up your practice. The professional eye is rapidly learning to read the 'handwriting on the wall,' and be assured that it will be but a short time before the uninitiated will with them exclaim, '*Mene, Mene, Tekel, Upharsin.*' "

Dr. D. W. Yandell, of Louisville, said:

I may state what will probably interest the Society, that the two men who attracted the most attention at the International Medical Congress two years ago, after Pasteur, were Bigelow and Billings. Bigelow handles his instrument like a magician. My own experience with instruments is that after they are tested they are more liable to break than before. I had one of Bigelow's instruments sent to me by his own maker, and the first attempt I made to use it it broke, and I had afterward a very difficult cutting operation to do to get out the fragment as well as the stone. Fortunately the case recovered.

Dr. Dudley S. Reynolds, speaking on the Inflammations of the Iris, said in brief:

In order that proper discrimination be made between various forms of inflammation of the iris, and and to distinguish these from malarial, tubercular, and that accompanying certain tumors which are liable to develop in this structure, a little attention ought to be given to the anatomical peculiarities of the iris. It is a network of yellow elastic fiber with fine connective-tissue fiber holding the pigment in place. The pectinate ligament of the iris, which is formed by deflection of the posterior elastic layer of the cornea, serves not only to bind the iris securely to the cornea, but the slips of this ligament are divided continuously to their point of attachment by fusion with the sheath of the constrictor papillæ muscle. The sphincter muscle of the pupil is the only muscular structure in the iris. It has no radiating muscular fibers as some seem to think, and as has been long taught by book-makers; it has no arteries or veins. Its blood supply comes from a large number of minute arterioles belonging to the long ciliary arteries. These arterioles supply the network of capillary vessels which ramify the interstices of the iris and terminate in venules, which begin at the periphery of the iris and lead into the sinus called the canal of Schlemm. This canal contains a plexus of veins and a large number of lymphatic vessels. When the pupil of the eye is contracted the iris is brought more firmly into contact with the capsule of the crystalline lens. Any irritation in the nature of congestion contracts the pupil, and even the mildest form of inflammation of the iris will in a short time develop adhesions at the point of contact between the iris and the capsule of the lens. This is the great danger in all inflammations of the iris, traumatic, syphilitic, miasmatic, or tuberculous. The chief point to be considered by the practitioner is that all forms of iritis require precisely the same local treatment, that this treatment is demanded from the very beginning of the first stage of the inflammatory process until the last vestige of it has disappeared. It is customary to prescribe the sulphate of atropia for this purpose, and while it is in most cases promptly efficient there are certain objections to it. The only object to be secured by any local treatment in any form of iritis is to dilate the pupil and relieve pain. It unfortunately happens that the sulphate of atropia, which uniformly dilates the pupil, does not always relieve the pain; *per contra*, it sometimes greatly intensifies it by increasing the tension of the eye and in this way often endangering the safety of the organ. The hydrobromate of homatropia in my own experience, which extends over a period of more than two years of active practice, both private and at the Hospital College clinic, covering hundreds of cases, induces me to rely implicitly upon it for a prompt dilatation of the pupil and a prompt diminution of the pain. In all forms of iritis I use a solution of homatropia in the proportion of one grain to the dram of distilled water, and of this instill into the eye one drop every five minutes until the pupil is dilated and the pain abated. I prescribe an interval of not more than three hours for the repetition of the local application. I have never witnessed any constitutional disturbance from the use of this solution even in children so young as seven years of age. All forms of iritis except the traumatic require constitutional treatment based upon a consideration of the cause and nature of the constitutional disease which has its local manifestation in the iris. I have seen violently acute forms of iritis arrested in forty-eight hours by the administration of an aperient followed by one decided dose of quinine, say fifteen or twenty grains of the sulphate, the local treatment being promptly and persistently carried out. Cases of syphilitic inflammation of the iris require of course to be discriminated if it is possible to do so; if the inflammation have its seat in the iris, gummata will appear in the substance of the iris, upon its surface, or upon the margin of the pupil. These will be recognized by a nodular elevation, interstitial circumscribed swelling, or by tubercular projections from the margin of the pupil; but in some cases the syphilitic manifestation is not present in the iris, it may occur in the ciliary body, in the ciliary muscle, or in the canal of Schlemm, producing an iritis often more difficult to control than that which has its origin in the iris proper. The iodide of potassium in progressively increasing doses, taken always in a glassful of cold water, and at intervals of from four to six hours, with the local use of hydrobromate of homatropia and smoked glasses to protect the eyes from light, constitute as nearly a specific line of treatment for syphilitic iritis as one may desire. To recapitulate now: all forms of iritis should be treated by the local application of some non-irritating mydriatic, the best of which is hydrobromate of homatropia; next to this daturia strammonium or its alkaloid, the sulphate of daturina; next to this the sulphate of atropia or

or duboisia. The constitutional treatment should be of the nature suggested by the character of the constitutional disease which has caused the iritis.

Dr. J. M. Mathews of Louisville, speaking on the subject of operations upon hemorrhoids during the inflamed state, said:

I do not think that any physician or surgeon engaged in practice long will deny the frequency of hemorrhoids. I was much interested in the remarks of Dr. Holland on the "Cause of Consumption," especially those which related to the fact that the disease was unknown among Indians previous to the advent in their midst of the white man. It is a notorious fact, stated by Dr. Van Buren, that in his experience among the Indians he never saw one of them with hemorrhoids. I find, in my dealings with this especial class of patients, that often the symptomatology of the affection is not quite understood. I do not mean to say there is no physician who can not diagnose a case of piles, but that there are quite a number who do not make a diagnosis. I find that even the authors themselves differ as to the pathology of a pile. I take it that a pile is in reality a tumor. If this be true, the fallacy of injecting hemorrhoids with an acid for their cure can be readily seen. Those persons who have advocated the injection of hemorrhoids have never limited the injection to any special kind of tumor.

How is a pile formed? The simple passage of hard feces through the gut, in persons the subject of constipation, repeated at intervals, is sufficient to begin an irritation ending in plastic infiltration of the tissue, the final result of which is a pile. I take issue with one of the authorities who characterizes this tumor as a vascular tumor. I take it there is confusion in this; he means the tumor is well supplied with blood. In reality the vessel which feeds it can be felt at the top pulsating with a beat almost equal to that of the radial artery.

There are three varieties of these tumors:

First, the capillary, when the small vessels push into the folds of the mucous membrane without any infiltration at all. That is one kind; and it is a dangerous kind, from the fact that the circulation is free and rapid, being fed by an artery of considerable size. If ulceration take place over it and perforate it, there is danger that the patient will bleed to death. I have seen a case die from this cause.

If the chain of morbid phenomena be not checked, and the inflammation is allowed to continue, it goes on to the formation of the second variety, the venous pile. I received a letter, after I read a paper last year before this Society, from a gentleman in the South, asking me if I was not mistaken as to the veins in the rectum having no valves. In speaking of this I spoke of the circulation as being very slow and feeble. He took issue with me. The confusion in his mind arose from the fact of the blending of the portal and systemic circulation; it had not occurred to him that reference was had to the absence of valves in the superior hemorrhoidal veins. Some relief is afforded from this condition by blending with the middle and inferior hemorrhoidal. There is occasionally a blending, likewise, with the portal and systemic circulation, and therefore is it that obstruction in the liver causes one kind of piles. Other causes operate differently. It is my experience that piles may exist for weeks or years above the sphincter muscle, and the individual be unaware of their presence. This is a matter of considerable importance when it is considered that these patients often come before examining boards for pensions or life insurance. They ask the question, "Have you ever had piles?" and he answers "No." Then this individual is taken sick, and during his sickness it is discovered that he has piles, and it renders his policy void.

Now, admitting their existence, can the necessity of an operation be disputed?

From a variety of causes, piles are liable to become inflamed, and once inflamed, they may easily become strangulated by passage below the sphincter; every thing is aggravated in this condition, and it may take some weeks to quiet the trouble. It has occurred to me, why not operate upon and get rid of them at once? There is no authority that says "operate upon a pile during the inflamed state," but they will tell you to apply treatment to reduce the inflammation. I want to state one or two cases. A few weeks ago I was called to a distinguished lawyer who was in this condition. The family physician in attendance had tried in vain to quiet inflammatory action for two or three weeks. I found hanging down from the anus two solid tumors; I passed the knife around them and ligated them. I visited him the following morning, expecting to find him in some trouble. To my satisfaction that man was out of the house in one week's time. Another case: A young man had a mass of inflamed tumors hanging from him larger than my fist. It would have taken several weeks to abate the inflammatory trouble, and I ligated the whole mass. I went to see him the next morning. I was told by the people at the house that he had rested well all night, and got up early in the morning and went out. They sent for him, but he could not be found. Three days later I received a postal from Cairo, Ill., saying he was that far on his way home and was all right. When he got home he wrote me that he was entirely well. Since then I have had, I suppose, five or six cases of similar character, in which the proceedings and results were similar, I have therefore concluded that instead of applying remedies to relieve the inflammatory trouble, they should be operated on at once.

Dr. J. W. Holland, of Louisville, read a paper on Diphtheritic Paralysis (which will appear in full in this journal soon), and a paper on Infantile Tetanus, by Dr. J. A. Larrabee, of Louisville, was read by title.

DISEASED MEAT.—A case, showing the importance of an efficient inspection of meat markets is recorded Leicester. Four children and their parents were seized with violent illness as the result of eating calf's liver, and one of the children, aged nine, died. It was found, on investigation, that the liver came from an animal which had been slaughtered for disease.

Miscellany.

PUBLIC BEQUESTS OF THE LATE PROF. S. D. GROSS.—The will of the late Dr. Gross has been admitted to probate, and contains the following public bequests:

"I give and bequeath my medical library, my museum, and diagrams to one of the following institutions: The Jefferson Medical College, or the Philadelphia Academy of Surgery, or the College of Physicians of Philadelphia, the choice of said institutions to be made by my executor, in his free and uncontrolled discretion; provided, however, that such institution so accepting shall furnish a fire-proof apartment for my medical library and shall call it the Samuel D. Gross Library. If the institution so chosen does not accept this bequest, then I leave it to one of the following: The Uni... Pennsylvania, or the N... of Medicine: als... tion of th... wi...

...uel- ...tions to be ... his free and un- ...ion, the sum of $5,000, ...pal of which is to be invested by ...a institution as a permanent fund, and the accumulated interest or income therefrom arising to be paid every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages octavo in length, illustrative of some subject in surgical pathology or surgical practice founded upon original investigation; the candidates for the prize, which is to be called the Samuel D. Gross Prize, to be American citizens."

In a codicil he provides: "That all my medical books, with the exception of those mentioned in my will, and also my office book-cases, be given to the Philadelphia Academy of Surgery, in trust, to be held by it so long as it shall exist as an independent and distinct organization. At the end of that time I decree that they shall be given to the College of Physicians of Philadelphia, or to any respectable or permanent institution that the Academy may select for the purpose, my children, if any survive, also having a voice in the choice."

The executor, Mr. A. Haller Gross, has tendered, under the terms of the will, the library and prize to the Philadelphia Academy of Surgery, and this body has accepted the trusts, and has arranged with the College of Physicians of Philadelphia for the deposit of the books in the library of the college, to be used in accordance with the general rules governing the College Library.—*Philadelphia Medical News.*

ANCIENT VACCINATION IN INDIA.—The Madras Times publishes a letter from a co... respondent who asserts that vaccination ... practiced from a very early date by the ... doo Vythians. There will be found an ... of a letter to the Madras Cou... uary, 1819, which is ... tion for the co... to the ...

...only ...n this ...al species ...are declared ...ds to lay down ...e of inoculation. ...wing extract is taken: ...of the pock on the udder of ...or on the arm between the shoulder and elbow of a human subject, on the point of a lancet, and lance with it the arm between the shoulder and elbow until blood appears; then, mixing the fluid with the blood, the fever of the smallpox will be produced.' If further proof is required that long before the English came to India inoculation proper was practiced, a translation of a paper in the language of Orissa called Odiah, describing the manner in which the inhabitants of villages are inoculated by Odiah Brahmins is given below: 'A certain quantity of cotton to be wetted with the matter of a favorable smallpox, and from two hundred to four hundred people assembled on Sunday and Thursday, a cut to be given upon their arms with an instrument.' Smallpox was accurately described by Rhazes, an Arabian, about the year 900. It is supposed to have been introduced into Europe by the Saracens."—*Medical Press.*

AT the dinner given on June 5th in honor of Dr. Alfred Stillé by the medical profession of Philadelphia, Dr. Austin Flint, sr., made the following graceful allusion to the death of Dr. Gross:

It was my good fortune to be a guest at a dinner in this place somewhat over a year ago, on an occasion of which I shall always cherish the most grateful recollection. On

that occasion, the seat which I occupy to-night was occupied by one whom we all miss on the present occasion. I should not make this allusion if I supposed it would cast a gloom over this meeting. It should not. The departure to another world of one ripe in years, who has lived a useful life, and who goes laden with those riches of the mind and heart which, as we may believe, are carried beyond the grave, is not to be regarded in the light of a calamity, except as regards the deprivation of those who remain. It is pleasant to think that, although of the body of our beloved friend only his ashes are left with us, he still lives, and that he may be in some way cognizant of the events in this world. He may be cognizant of this meeting, and, if so, I know from my intimate friendship for many years, that he yearns to make known to us how thoroughly he is in sympathy with our present enjoyment, and with the special object which has brought us together.

DIPHTHERIA AND MICROCOCCI.—According to the remarks of Dr. H. C. Wood, in the recent meeting of the Pennsylvania State Medical Society, there is in the ordinary natural saliva of every person's mouth a micrococcus or plant that can not be distinguished from the micrococcus of the most malignant diphtheria; they were, as far as could be discovered, identical. The same micrococci were found in great abundance in cases of puerperal metritis, sloughing sores, and gangrenous wounds; from which he infers that diphtheria is not a specific disease, but simply a putrid or septic sore throat, of greater or less severity in different cases. This is returning very nearly to the opinions derived from clinical observation fifty years since.—*Journal of the American Medical Association.*

THE Pennsylvania State Medical Society has indorsed the passage of an act now before the legislature regulating the practice of pharmacy, and adopting measures to prevent adulteration in drugs and medical preparations. A resolution was also adopted appointing a committee of seven to inquire as to the best method of making the diploma, which permits a man to enter upon the practice of medicine in the State of Pennsylvania, a real guarantee of his proper qualification for the work.

Of this resolution the editor of the Journal of the American Medical Association says: "We fear that it may take seven very wise men a long time to discover a practicable method for accomplishing the object proposed."

THE American Practitioner for June presents its readers with the following classic tribute to the memory of Gross. It should be engraved upon his urn:

IN MEMORIAM.

WITHIN THIS URN LIE THE ASHES OF

SAMUEL DAVID GROSS

A Master in Surgery

His life, which neared the extreme limits of the Psalmist, was one unbroken process of Laborious Years.

He filled Chairs in Four Medical Colleges in as many States of the Union,
and added Luster to them all.

He recast Surgical Science as taught in North America,
Formulated anew its Principles,
Enlarged its Domain,
Added to its Art, and imparted fresh Impetus to its Study.

He Composed many Books, and among them

A System of Surgery

Which is read in different tongues, wherever the Healing Art is practiced.

With a Great Intellect, carefully trained and balanced,
He aimed with undivided Zeal
At the Noble End of Lessening Human Suffering and Lengthening Human Life,
And so rose to the Highest Position yet attained in Science by any of His Countrymen.

Resolute in Truth, he had no Fear, yet he was both Tolerant and Charitable.

Living in Enlightened Fellowship with all Laborers in the World of Science,
He was greatly Honored by the Learned in Foreign Lands and deeply Loved at Home.

Behind the Veil of this Life there is a Mystery which he Penetrated on the

Sixth day of May, 1884.

HIS MEMORY

Shall Exhort and his Example shall Encourage and Persuade those who come after him to Emulate Deeds
which, Great in themselves,
Were all Crowned by the Milkwhite Flower of a

Stainless Life.

LOUISVILLE MEDICO-CHIRURGICAL SOCIETY.—At the regular annual meeting for election of officers, held on Friday, May 30th, Dr. J. W. Holland was made President, Dr. Ap Morgan Vance, Vice-President, and Dr. R. Maupin Ferguson, Secretary, for the ensuing year. The retiring President, Dr. Douglas Morton, delivered an appropriate address, in which the work of the Society for the past year was passed in review.

IN a bill recently introduced into the United States Senate $100,000 is offered as a reward to be given to any person who shall discover the true germ of yellow fever, or any certain way of preventing or modifying the spread of the disease.

The Louisville Medical News.

Vol. XVII. SATURDAY, JUNE 21, 1884. No. 25

H. A. COTTELL, M. D., - - - - - - - Editor.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editor is not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITOR OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

RECTAL ETHERIZATION.

A correspondent of the New York Medical Journal, who gives evidence of medical antiquarian possibilities, calls attention to the fact that rectal etherization is an old forgotten procedure, recently revived in France and elsewhere. The editor of the New York Medical Journal, with many others (and since the company is so good, we wish to be included in the list) who in recent articles have mentioned the measure as a "therapeutic novelty," he rebukes in the following learned paragraph:

> I beg leave to call your attention to the following two facts: (1) This *modus operandi anesthetica* was devised by Pirogoff. (2) That it was done so shortly after the discovery of the anesthetic virtue of ether. Ether, as we know, was first used in 1846 by Morton, and it was but one year later that Pirogoff brought forth this method (Pirogoff's "*Kriegschirurgie*," edition 1864, p. 1061). The practical application of this plan was rendered comparatively simple through the introduction of an apparatus constructed by von Bruns not long after (von Bruns's "*Chirurgische Heilmittellehre*," edition 1873, vol. i, p. 311). "Credit to him to whom credit is due."

Our able contemporary justifies the term used on the principle that, though rectal etherization, like cremation, may have been practiced in times agone, it is generally looked upon as a novelty at the present time. As to the "credit," the editor says: "It seems to us tolerably clear that no New York surgeon will grudge any body whatever credit may attach to the introduction of rectal etherization."

As for ourselves, we shall have to confess that we did not know the facts of the above item, though we claim to have had an unexpressed doubt as to the novelty of the method, in the fact, which we mentioned, that it was suggested to Mollière by a Danish physician.

We take it that the hard-worked editor of a weekly journal may be pardoned for not being at home in Pirogoff's "*Kriegschirurgie*," but what excuse can be found for those metropolitan surgeons who, in gross ignorance of that evidently elementary work, von Bruns's "*Chirurgische Heilmittellehre*," and in consequent neglect of the apparatus by which its author "rendered the practical application of the plan comparatively simple," used their own rude inventions to the hurt of so many of their patients?

We would suggest as an approximately adequate punishment, that they be required to say or try to say "*Chirurgische Heilmittellehre*" until their jaws shall break or fly out of joint, and that the fractures or luxations, as the case may be, be set or reduced under the "*modus operandi anesthetica*" as recently practiced in New York.

WILLIAM HARVEY HARDISON.

It is with profound sorrow that we record the death of Dr. William Harvey Hardison. He died in Fort Worth, Texas, on the 26th of May, after an illness of fifteen days.

The Texas Courier-Record, through its senior editor, pays tribute to his memory in language which shows that his earnest work and beautiful character had won for him the honor and love of the profession in his new field of labor.

The readers of the NEWS will remember Dr. Hardison as the author of a series of spirited letters which appeared in our col-

umns from time to time during the summer of 1883. These letters were written from London, which he visited, with Paris, Glasgow, and Vienna, for the purpose of giving special study to the diseases of the eye and ear. Returning from London in October, he remained in Richmond, Ark., the field of his former labors, until January, 1884, when he moved to Fort Worth and entered upon the practice of his specialty.

Young, hopeful, cheerful, kind-hearted, and generous, he made friends wherever he went. Ambitious, studious, and industrious, his brief career gave every promise of brilliant success.

"Thy leaf hath perished in the green,
And, while we breathe beneath the sun,
The world which credits what is done
Is cold to all that might have been.

"So here shall silence guard thy fame:
But somewhere, out of human view,
Whate'er thy hands are set to do
Is wrought with tumult of acclaim."

KENTUCKY STATE MEDICAL ASSOCIATION.

The President-elect of the State Medical Association is Dr. Pinckney Thompson, of Henderson. Dr. Thompson has been for many years an active and useful Fellow of the Society, while, as an influential member of the State Board of Health (being at this time its president), he has done good service in the cause of State medicine.

His appointment to the presidency of th
State Society is a compliment to the P
and a fitting recognition by the pr
in Kentucky of his worth and wo
a physician and a man.

Dr. Koch, the Presid
Cholera Commission.
"medium height, ve
energetic, *spirituel'*
beard is brown, '
gray, and this, es,
makes him se ty or
forty-one."

Bibliography.

Diagnosis and Treatment of Diseases of the Heart. By Constantine Paul, Member of the Academy of Medicine, Physician to the Lariboisière Hospital. Translated from the French. Wood's Library of Standard Medical Authors, 1884. New York: William Wood & Co. 1884.

This work is an octavo of three hundred and thirty-five pages. It is illustrated with nearly a hundred well-executed woodcuts.

The pathology of the various forms of cardiac disease is most minutely described, and the methods of diagnosis are presented in a careful and systematic manner. Functional derangements are well considered, the obscure Basedow's disease having devoted to it a short but very instructive chapter. New growths and parasites receive due attention, and the subject of thoracic-aortic aneurism is discussed at length.

Eight chapters are devoted to the treatment of cardiac affections, and though brief, each one contains as much material as the materia medica and therapeutics of the subject warrant at this time.

Digitalis, convallaria, and bromide of potassium are, in the author's opinion, am
the most important remedies. The
first being of course well estab'
follows in its use the teaching
To convallaria he attac
importance than seem
corded it by some
tors. He calls
ticularly of th
vations m ng with
fatty d s that the bro-
mid ac rhythm by affect-
ocardium, since the
epend upon the cardiac
of amyl is given a high
atment of angina pectoris,
rine is not mentioned among

Treatment of Gonorrhea. By J. L. ON, Senior Surgeon to St. John's Hospital Diseases of the Skin. Fifth Edition. Wood's Library of Standard Medical Authors for 1884. New York: William Wood & Co. 1884.

A call for a fifth edition of this standard work proves that the therapeutics of gonorrhea are not fixed, and that in searching for satisfactory instruction relative to the management of this disease, the profession

has found the teachings of our author well worthy of consideration.

The work is an octavo of three hundred and six pages. The author gives a scholarly survey of the history of the affection, and devotes a well-written chapter to its pathology, but in this, forty-nine pages only of the work are consumed, the remainder, excepting a chapter on the pathology and treatment of gleet, being devoted to the all-important question of treatment. This subject the author handles in the light of large experience, shrewd observation, science, and sound common sense.

He reviews the methods practiced by Sydenham, Moyle, Martin, Turner, Cockburn, Astruck, Hunter, Howard, Foot, Sir Astley Cooper, and Judd, and makes a most interesting comparison between the old and new ways of dealing with gonorrhea, to the credit of the new.

He denounces all so-called specifics, laying great stress upon the fact that scarcely any two cases will be found curable in the same length of time or equally amenable to the same remedies.

Any doctor who may be desirous of passing in review every remedy and method of treatment for gonorrhea known or employed in ancient, comparatively old, or recent times, with a view to the elimination of the worthless and preservation of the good, should give this work careful study.

Legal Medicine. By CHARLES MEYMOTT TIDY, M.B., F.C.S., Master of Surgery, Professor of Chemistry and Forensic Medicine at the London Hospital, etc. Vol. iii, Wood's Library of Standard Medical Authors for 1884. New York: William Wood & Co., 56 and 58 Lafayette Place. 1884.

This volume, an octavo three hundred and nineteen pages, is but a continuation of its author's studies and investigations in legal medicine. It is made up in the main of notes prepared for a course of lectures delivered at the London Hospital during the summer session of 1882. The topics discussed are: Legitimacy and Paternity, Pregnancy, Abortion, Rape, Indecent Exposure, Sodomy, Bestiality, Live Birth, Infanticide, Asphyxia, Drowning, Hanging, Strangulation, Suffocation.

Each topic is handled with characteristic skill, every essential point being illustrated by test cases. Statistical data are liberally employed, and no collateral item of information which can in any way contribute to a clear understanding of any given case is omitted.

The author is too well known through his two preceding volumes to require any extended notice, and those who take interest in legal medicine will be only too glad to learn that he has further enriched the literature of this subject by contributing to it a new volume.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The mixture of chloroform with air in certain proportions, and the apparatus proposed by M. Paul Bert to produce anesthesia, have been frequently described in the medical journals, and both were represented not only as novelties but as being the only safe method of administering the anesthetic. MM. Gosselin and Richet, however, endeavored to disabuse the Academy of Sciences, and through it the public, of the real value of such an assertion.

In the first place, Professor Gosselin, the eminent surgeon of "La Charité" Hospital condems the use of any apparatus for the inhalation of chloroform, and does not approve of uniform doses, which may be employed in animals submitted to experiments, but are totally inapplicable to human subjects owing to the infinite varieties of their nervous systems.

Professor Richet, the well-known surgeon of the Hôtel Dieu, stated that the number of experiments (22) on human subjects was not sufficient to form the basis of a method, and as up till now there had been only one death in twelve thousand cases operated on under chloroform, he saw no reason why he should give up a simple method which consists of sprinkling a few drops of chloroform (about one half a dram at a time) on a folded handkerchief or other soft linen, applying it to the patient's nose, and renewing the dose until anesthesia is produced, to adopt in its stead the clumsy and complex apparatus proposed by M. Paul Bert, which, after all, is simply a modification of Clover's apparatus, invented by the latter about a quarter of a century ago, but which is now scarcely ever employed, owing to the number of accidents which have occurred by its use.

The subject of rabies, or, as it is termed by our French neighbors, "*la rage*," has

caused some sensation in Paris, owing to the announcement made by M. Pasteur at a recent meeting of the Academy of Sciences to the effect that he had discovered the remedy for hydrophobia. It consists in inoculating a subject with the rabic virus, which virus had previously traversed the organism of another subject. The virus thus obtained is so modified as to become inoffensive to the subject inoculated with it, and it affords an immunity not only against a possible attack of the disease, but it also acts as a curative agent if applied when a patient is actually affected with hydrophobia. This made a facetious Parisian paper say that henceforward any person bitten by a mad dog has but to present himself at the Normal School Laboratory, where he may be inoculated by M. Pasteur with the rabic virus, and thus be rendered proof against the disease.

During his experiments M. Pasteur discovered the fact, that if the virus be transmitted from the dog to the monkey and then from monkey to monkey, the virus is so attenuated that an animal inoculated with it will not be affected with rabies, and yet it will be preserved against the disease if inoculated accidentally or intentionally with the virus from a mad dog. In the rabbit, however, the virulence of the virus is augmented, and in its passage from rabbit to rabbit it becomes still more intensified, and if a dog be inoculated with this intensified virus a far more aggravated form of the disease will be produced than that observed in ordinary rabies, and it will invariably prove fatal.

The brilliant results obtained by M. Pasteur seem so incredible and so unlikely to be readily accepted by the public, in and out of the profession, that the eminent biologist has thought proper to request the appointment of a commission, composed of members of the academies and of other competent judges, to verify his statements. M. Pasteur proposes to perform the experiments in presence of the commission, which consists in taking from his kennels twenty dogs rendered proof against rabies by his method, and twenty are to be in their natural state. These forty dogs will be bitten by mad ones, and if the facts enunciated by him are exact, the twenty dogs that he believed to be proof against the disease will remain healthy, while the other twenty will become affected. For a second experiment M. Pasteur proposes to place before the commission twenty inoculated and twenty uninoculated dogs. He will then inoculate the forty dogs in the most sensitive parts with virus taken from a rabid dog. The twenty inoculated dogs, he affirms, will resist, and the other twenty will all die of madness, either paralytic or furious.

The commission is formed, and a piece of ground is placed at M. Pasteur's disposal to carry out his experiments, but he is unable to do so, as the Minister of Finance stated that he could not advance the necessary funds for such a purpose.

Before, however, commencing operations, I think M. Pasteur and his staff ought to be inoculated as proposed by him, which would not only be a proof of his faith in the operation, but he would, according to his own theory, be protected against any risk during the experiments.

Apropos of this suggestion I may mention that a young medical student has bravely offered his services to M. Pasteur for the purpose of being inoculated with the rabic virus, and thus, as the student says, he will be glad to serve the cause of science even at the risk of his life.

The society for improving the canine species in France has offered to M. Pasteur a gold medal for his interesting researches on rabies.

M. Chanveau, professor of Experimental and Comparative Medicine at the Faculty of Lyons, forwarded a paper to the Academy of Sciences, which was read by M. Bouley at the same meeting at which M. Pasteur gave an account of his experiments with the rabic virus. In this paper M. Chanveau announces that he has succeeded in attenuating the virulence of various viruses by the action of oxygen, which would singularly simplify the process of inoculation and would permit one to employ a virus a long time after its preparation.

A Frenchman, who went by the assumed name of Campi, committed, about three months ago, a most atrocious double murder, for which he was convicted and sentenced to death. His advocate and other friends interceded in his behalf to obtain a respite of his sentence, but President Grevy, though he has practically abolished the sentence of death in this country, could not, in this case, be moved to grant a respite, or even a commutation of the sentence. The execution accordingly took place about the beginning of the month, when the man was guillotined. The body with the head was immediately taken to the cemetery, and after having gone through

the formalities of burial, was disinterred and carried off to the School of Medicine, whence the head was sent to the laboratory of the Anthropological Society, and the body was divided between the Physiological and Histological Laboratories of the Faculty. After measuring the skull and taking note of the protuberances, the brain was examined and found to weigh one thousand three hundred and fifty-seven grams, which is considered a fair average. The results of the other investigations have not yet been published.

At the last concourse for the post of Hospital Surgeon, Dr. Nelaton, son of the late distinguished surgeon, and Dr. Prengrueber were the successful candidates.

PARIS, May 30, 1884.

Selections.

CHLORAL HYDRATE AS A VESICANT.—Powdered chloral sprinkled on adhesive plaster and melted by a gentle heat (not more than enough to cause the plaster to adhere to the flesh) is applied while warm to the part where the blister is wanted; within a few minutes a gentle heat is felt, increasing in intensity for a short time, then gradually easing off, and at the end of about ten minutes the part is free from pain. At the expiration of this time, or as soon as the pain has subsided, the plaster, if removed, will disclose a surface as effectually blistered as by a cantharidal plaster after six hours. Thus within about ten minutes the work of an old-fashioned blister is accomplished, with many advantages over the latter, (1) rapidity of action, (2) the ease of application, (3) the non-occurrence of strangury, and (4) farther, it may never be taken off to have the blister dressed, but may be allowed to remain until the plaster loosens and comes off itself. The blistered surface in the meanwhile healing kindly.—*A. M. Fauntleroy, M. D., in the Southern Clinic.*

CONVALLARIA MAJALIS.—Dr. Isaac Ott (*Archives of Medicine*, February, 1883), from an experimental study of the drug, has drawn certain conclusions, to-wit:

1. That convallaria increases arterial tension greatly, at the same time the heart begins to beat more frequently. That the heart begins to fail before the tension.

2. The decrease of cardiac frequency is not due to cardial inhibitory excitation, but to an action of the heart itself—probably on its muscular structure.

3. The rise of arterial tension is mainly due to stimulation of other vaso-motor apparatus than the main monarchical vaso-motor center.

Clinical study and observation have shown that the drug exerts no direct harmful influence upon the central nervous system, and clearly establishes the fact of its freedom from cumulative or sudden syncopal action.

The drug deranges neither the stomach nor bowels. While slowing the beatings of the heart, it increases arterial tension, thereby, most probably, augmenting the volume of the urine by the increased pressure upon the malpighian tufts.

Like digitalis, this drug stimulates the heart to vigorous contraction, promoting thereby the expulsion of its contents, with an improvement to both the systemic and pulmonary circulation.

The therapeutical application of this agent is the rational outcome of its physiological action, and beneficial effects may be confidently anticipated in all cases of cardiac irregularity and disturbances arising from *feebleness of the heart*, whether associated or not with valvular derangements. In short, this agent may be employed whenever digitalis is applicable, with the advantage over the latter drug of perfect safety. From a clinical study of its uses extending over two years, I am fully assured of its value as a heart stimulant and tonic, analogous in action to digitalis, though inferior as a diuretic to the latter drug.—*Ibid.*

IRRITATION OF THE CAPSULE OF GLISSON. (Read before the American Medical Association, Section on Practice of Medicine, by Dr. R. Harvey Reed, of Ohio). This is a periodical affection located in the liver or capsule, affecting the tunic of the liver and penetrating to the lobules of the organ, and often partakes of a rheumatic character. It is characterized by darting pains of a burning or boring character, coming on usually at night. It is not ushered in by a chill, nor is it accompanied by febrile disturbance, loss of appetite, headache, or constipation. It occurs sufficiently often to merit special attention, as Dr. Craig, of Ohio, says he has seen five cases in a year, and the author has observed it twenty-five times in six years. The affection generally attacks those who follow sedentary occupations, and is more frequently observed in women. It is a disease of middle life, is more frequent in those

not addicted to alcoholic stimulants, and is often associated with rheumatism. Its onset is often insidious, the patient feeling, at times, slight pain in the hepatic region, to which he pays but little attention. With each return, however, the attacks become more severe and the intervals shorter. The history of a paroxysm would be somewhat as follows: The patient goes to bed well, is awakened by severe pain of the character above described, which in the less advanced stages of the disease will subside by morning, leaving the patient as well as usual. With each return the severity as well as the duration of the attack increases, and it sometimes lasts for several days. The pain is confined to the hepatic region, and is burning, boring, and lancinating in character. The tongue may be somewhat furred, and there is sometimes vomiting, but there is no increase in the temperature, nor is there headache or jaundice. There is slight tenderness on pressure over the liver, it is not perceptibly harder, there is no change in the size of the organ, and no sign of hob-nail liver. The stools contain no gall-stones, and the urine is normal. In the later stages of the disease there may be a certain amount of emaciation. This disease must be differentiated from hepatic colic, interstitial hepatitis, congestion of the liver, perihepatitis, cirrhosis, and hepatalgia. Hepatic colic is excluded by the gradual onset and increase of the disease, by the occurrence of the attacks at night, while in hepatic colic they may occur at any time, especially after meals or exercise. The vomiting which so frequently accompanies the colic is generally absent. The absence of jaundice and failure to discover gall-stones in the stools complete the differential diagnosis. *Interstitial hepatitis* is differentiated from irritation of the capsule by its connection with alcoholic excesses; by the appearance of venous stigmata on the cheeks, etc.; by the presence of jaundice; the pain over the liver is constant instead of intermittent; there are nausea and vomiting on rising, and the loathing of solid food; diarrhea alternates with constipation, and the urine is scanty; there is occasional pyrexia, and there is obstruction to portal circulation, and enlargement of the liver, followed by contraction; there is often ascites, and a dry, harsh skin. Besides this, interstitial hepatitis is often a result of syphilis, while irritability of the capsule seldom is. In *congestion of the liver* there are enlargement, a continued sense of tightness in the hepatic region, jaundice, nausea, anorexia, furred tongue, headache, disturbances of digestion, vomiting, diarrhea, dyspnea, drowsiness, signs of portal obstruction, urine scanty and high-colored, temporary albuminuria. The attacks continue without interruption. In *perihepatitis* there is peritonitis, and the inflammation may extend to the capsule of Glisson. It may arise from traumatic causes. It is ushered in with a chill, followed by fever, and there is much superficial tenderness.

Inflammation of the bile-ducts occurs mostly in children and old persons. There is obstruction to the entrance of the bile into the duodenum — jaundice; it is preceded by gastro-intestinal catarrh, the pulse is slow, and there is no bile in the stools; while, in irritation of the capsule, the stools are normal. *Cirrhosis of the liver* can be readily differentiated by its history and signs. *Hepatalgia* is extremely rare, and occurs only in nervous women, being a purely functional disease. Irritation of the capsule may continue for years, and, if left to itself, has no inherent tendency toward recovery, but the prognosis as regards life is good. There are few diseases that yield more readily to well-directed treatment. The author relies mostly on alkalies and bitter tonics—his favorite combination being bicarbonate of soda with pulv. hydrastis canadensis. Sodæ et potass. tart. and infusion of gentian are often serviceable. Mercurials are seldom useful. It should be remembered that it may be complicated by rheumatism, malaria, and disease of the liver, which must, of course, affect the treatment. Stimulants and condiments are to be avoided, regular habits enjoined, and active exercise according to the patient's strength advised. Baths containing chloride of sodium, conjoined with rubbing, are beneficial. During the attack morphia may be used hypodermically, and local application of heat affords relief. Anodyne treatment should be suspended as soon as possible.—*Medical News.*

The Clinical Study of Epilepsy.—(A paper read by Dr. William Pepper.) He said that our conception of epilepsy was necessarily broad and somewhat vague. It would be well to exclude, if it were possible, from the category of the affections grouped under this name, all cases in which there are definite anatomical lesions, but while this can be done in certain cases, for instance, where there is a cerebral tumor, it is often impossible, and probably a large number of cases of so-called epilepsy are really associated

with some anatomical lesion. He referred to a case of a physician who was forty-four years old when he died. When he was twenty-three years old he received a severe injury to his head, which was followed by convulsions. He recovered, and engaged in active practice. After eighteen years he had a convulsion following a period of overwork. After this, convulsions returned every four to six weeks without any cerebral symptoms. Bromides failed to produce any effect, but temporary recovery followed the use of the actual cautery and rest. A relapse occurred on returning to work; trephining was resorted to, and a depression of the internal table of the skull was found and raised; a spicule of bone was found pressing on the brain, in which were two small abscesses. These were certainly caused by the injury eighteen years before. Besides the difficulty of excluding anatomical lesions, it is sometimes hard to exclude hysteria, and the two conditions are sometimes combined.

One of the fundamental elements in the production of epilepsy is morbid instability of nerve tissue. Heredity has a marked effect, and so has nervous exhaustion from rapid growth or after severe diseases, as typhoid fever or scarlatina. A very frequent cause is shock, whether psychical, or from mechanical injuries, or, and this very frequently, sunstroke. Instability of the circulation through the brain is an important factor, as are also anemia and cardiac disease; so also, prolonged peripheral irritation, as in protracted teething, undue sexual excitement, and intestinal irritation. Epilepsy is then not a distinct disease, but results from morbid instability and irritability in the gray matter of the encephalon. There are cases which are marked by progressive molecular changes, and more or less regular manifestations, but this is uncommon. The evil effect of habit is often seen in this disease, and unless the tendency is avoided the attacks become more frequent. Sometimes the slightest cause is sufficient to bring on an attack, such as a noise or an indiscretion in diet—this last is a frequent cause, by impairing nutrition and lessening the stability of the nerve tissue, either by reflex action or by the blood being poisoned by the products of malassimilation.

It is not infrequently associated with lithemia. It often follows scarlatina, either from exhaustion from the disease, of widespread tissue changes, or by inducing renal changes, which, while not sufficient to show the existence of albumen, are sufficient to cause a certain amount of toxemia. Dr. Pepper called attention to the frequency of the prodromic signs which occur in epilepsy, such as loss of appetite, pains in various parts of the body, changes in the appearance of the face, foul breath, digestive disturbances, and dwelt upon the effect of excitement in the production of the attacks, whether the excitement be from sexual intercourse or alcohol, from intellectual overwork (especially noted when there was competition, as in examinations), or from anxiety. Overwork or severe strain, especially when connected with cardiac disease, excessive heat, brilliant sunshine, bad air, all conduce to bring on an attack in those who are subject to epilepsy. It rarely happens that epileptics are in really good health.

In regard to the treatment, Prof. Pepper thought that while the bromides were of incalculable benefit, they had been used too much as matters of routine treatment, and had led to the overlooking of the still more important subjects of attention to dietetics and hygiene, and the administration of medicines on general principles. The bromides control, but do not cure epilepsy. The peculiarity of each case must be studied and a suitable regimen must be inaugurated, and the primary, underlying, or provoking causes must be searched out and treated on general principles. Thus, lithemia and anemia must be met with appropriate medication, and very often it will be found that prolonged rest is most serviceable. This is especially the case where there is cardiac involvement. In these last cases, also, digitalis is often found useful. So also gastro-intestinal irritation must be treated when present. In these cases, silver nitrate, zinc, or arsenic is valuable. Where there is any local irritation it must be removed. Counter-irritation, as by actual cautery to the spine, is most useful, especially where there seems to be cranial involvement. It is specially useful in cases caused by sunstroke. Trephining should be done oftener than it is. The influence of adherent prepuce has been somewhat over-estimated. Pure milk diet is useful.

During the attack nitrite of amyl is most helpful, and is important for the breaking up of the habit. Returning to the bromides, he thought they often injured by irritating the stomach. He used them in the smallest dose that would have the desired effect. He had often seen enemas of chloral hydrate act admirably. This mode of administration is specially indicated in cases in which there is irritability of the stomach.—*Ibid.*

CYSTICERCUS OF THE BRAIN.—In the March number of the *Archives de Neurolgie*, M. Bernard records a case of this somewhat rare affection. The patient was a man, aged twenty-four years, who had suffered from attacks of headache and vomiting for a year when he came under observation. These attacks were accompanied by vertigo and transient loss of vision. Latterly the headache had became constant; there was no loss of motor power, but the patient staggered in walking, and complained of numbness in the right side of his face and tongue. There had also rapidly ensued impairment of vision. On examination, there was marked retraction of the field of vision, especially on the right side; his color fields could not be taken, the visual acuity was much diminished on the right side. The pupils were dilated, and very sluggish both to light and during accommodation; there was a typical "choked disk" on each side. After his admission to the Salpétrière the vomiting was checked, but he suffered much from headache and from vertigo, and he gradually became quite blind. He died from double pneumonia. At the necropsy, a small sac was found just in front of the optic commissure, but not having any direct relation to it; a second sac was seen depressing the second frontal convolution on the left side; and a third embedded in the wall of the fourth ventricle, on a level with the left eminentia teres. There was evidence of inflammation of the ependyma here, and a general increase of cerebro-spinal fluid. It is to this third cyst that the author would attribute all the symptoms observed. The cysticercus which was found in it measured five millimetres in length, four in width, and three in depth.

THE BANDAGE AS A CAUSE OF HOUR-GLASS CONTRACTION OF THE UTERUS. — Dr. J. J. Gorham, writes in the British Medical Journal: Mrs. K., who had previously nine children, all with one exception natural labors, sent for me on her tenth confinement. On my arrival at the house, the os and passages were fully dilated, the head presenting at the brim; the membranes had broken an hour before my arrival. After waiting a short time, and seeing that the head had not advanced, I put on the long forceps and delivered, whereupon a second child was found in the uterus. This was turned and delivered, and, in the absence of any thing better at hand, I extemporized a binder out of a small shawl, and after having given a full dose of ergot I waited for the completion of the third stage. After half an hour, the insertion of the cord into the placenta not being reached with the finger, I introduced my right hand with some difficulty through the os, and, after examination, I found complete hour-glass contraction, with the greater portion of the placenta imprisoned in the upper cavity. I had some difficulty in passing my index and middle fingers through the constriction, so tightly did it embrace the placenta; and, on manipulating with the left hand outside the abdomen, the cause of the mischief became at once apparent. The binder, instead of forming a firm support for the fundus of the uterus, had collapsed, and formed a constricting cord round the abdomen near the umbilicus. Removing the binder all difficulty ceased, the placenta was removed, and the woman recovered.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, June 8, 1884, to June 14, 1884.

The Army Medical Examining Board, New York City, is dissolved, to take effect June 14, 1884. *Brown, Joseph B.*, Lieutenant-Colonel and Surgeon, upon the completion of the business of the Army Medical Board, directed to comply with S. O. 44, current series, A. G. O., and return to New York City. *Clements, Bennett A.*, Major and Surgeon, directed to await orders in New York City. *Kimball, James P.*, Captain and Assistant Surgeon, granted leave of absence for two months and fourteen days, to take effect June 14, 1884, and ordered to relieve, August 28, 1884, Captain Robt. H. White, Assistant Surgeon, from duty at U. S. Military Academy, West Point, N. Y. *Captain White*, on being relieved, ordered to report in person to the Commanding General Department of California, for assignment to duty. *Sternberg, George M.*, Major and Surgeon, relieved from temporary duty in Surgeon-General's office, and ordered to assume the duties of attending surgeon and examiner of recruits, at Baltimore, Md. (S. O. 131, A. G. O., June 6, 1884.) *Finley J. A.*, Captain and Assistant Surgeon, relieved from duty at Fort Stockton, Texas, and assigned to duty as Post-Surgeon, Fort Concho, Texas. (Par. 4, S. O. 69, Hdqrs. Department of Texas, June 2, 1884.) *Middleton, Passmore*, Captain and Assistant Surgeon, leave of absence extended three months on surgeon's certificate of disability. (Par 3, S. O. 134, A. G. O., June 10, 1884.) *Barnett, Richards*, Captain and Assistant Surgeon, Assigned to duty as Post-Surgeon, Mount Vernon Barracks, Ala. (Par 2, S. O. 113, Hdqrs. Department of East, June 9, 1884.) *Gardner, Edwin F.*, Captain and Assistant Surgeon, relieved from duty at Fort Walla Walla, Washington Territory, and assigned to duty as Post-Surgeon, Fort Canby, Washington Territory. (Par 1, S. O. 75, Hdqrs. District of Columbia, June 3, 1884.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JUNE 28, 1884.

Original.

REPORT ON THE PROGRESS OF SURGERY.*

BY L. S. M'MURTRY, A.M., M.D.

The choice of an anesthetic is a subject of the greatest solicitude and importance to every one engaged in the practice of surgery. Deaths from both ether and chloroform continue to occur in the hands of most skillful and painstaking practitioners, and an agent which will beget surgical anesthesia with perfect safety is the great desideratum of our times. Practically the choice lies between ether and chloroform. The bromide of ethyl has enjoyed a very limited degree of favor, but its use has been sufficient to demonstrate that it is equally as dangerous as chloroform, and more so than ether. Dr. B. A. Watson, of Jersey City,† has recently made public a detailed experimental study upon the physiological action and relative safety of the anesthetics commonly employed by surgeons, which, together with the experimental investigations of Dr. H. C. Wood, of Philadelphia, are thorough, interesting and instructive. The experiments were made in a very careful manner on rabbits and dogs, and the observations included the temperature, pulsations, respirations, mortality, and post-mortem appearances. The results of these experiments are presented in tabulated form and are full of interest. In the comprehensive *resume* which follows the tables the author points out the relatively small mortality which followed the use of sulphuric ether when compared with that produced by the bromide of ethyl, chloroform, or the mixtures employed. Without going into detail it may be stated, as the result of Dr. Watson's experiments, that sulphuric ether is decidedly the safest anesthetic which has yet been employed in surgical practice, thus strengthening by experimental and theoretical investigation, the position already attained by this agent in the confidence of practical surgeons.

The bromide of ethyl was found to produce anesthesia of evanescent character, and was accompanied with a mortality which justifies the author in asserting that, in the light of both theoretical and practical knowledge, neither this drug nor its mixture should ever be used for prolonged anesthesia. After thorough experimentation with the well-known mixture of alcohol, chloroform, and ether, the author asserts that this anesthetic is "theoretically wrong and practically bad, since it is unquestionably much more dangerous than ether."

So prompt is the action of chloroform that its very power and efficiency commend it to favorable consideration, and throughout the long and eventful career of the late Prof. S. D. Gross it was used by him in preference to all other agents and without an accident. Some of our most eminent practitioners continue to rely upon it as the most reliable anesthetic, and as safe as any other, yet in many instances their confidence has been misplaced. I do not believe this agent can be relied upon with confidence. The late Dr. Marion Sims, after having excellent results from it for a life-time of active surgical work, lost a case shortly before his death. Dr. William A. Byrd, of Quincy, Ill., has recently reported a case of a woman suffering with a vesico-vaginal fistula, in which he operated under chloroform, and on a previous occasion the patient had been anesthetized with chloroform for nine hours; when the sutures were to be removed she demanded an anesthetic, and died suddenly after a few inhalations of chloroform. This agent has been re-

*Made to the Kentucky State Medical Society, June 3, 1884.

†Proceedings American Surgical Association, 1884.

garded especially applicable to the production of anesthesia in children, yet, during the past year, more than one warning has been uttered against too confident reliance upon it in young subjects. Doubtless the facility and safety with which all anesthetics are used with children should be attributed to the reliance they yield and the absence of mental anxiety and apprehension.

Dr. David W. Cheever, of Boston, in a recent paper,* directs attention to a dangerous condition arising under the administration of ether in some individuals, which can not be foreseen. It is a sensitive condition of the pulmonary mucous membrane shown in cough and croupy respiration, and a flow of frothy mucus. Another dangerous state pointed out by him is a tetanic setting of the respiratory muscles. Since these conditions are peculiar to ether, it would be safer, when such symptoms are known to have presented, to use chloroform.

After all it is scarcely to be expected that any anesthetic will be found wholly devoid of danger. It is not reasonable to suppose that an agent can carry patients to the very border-line of life without some slipping beyond. If deference to opinion and recorded experience as to safety are to guide in the selection of an anesthetic, then we must give preference to ether.

It has been my observation that embarrassment almost invariably occurs in patients who have great fear as to the danger of an anesthetic, and such apprehension necessarily impairs the heart's action. Nothing so effectually dispels this danger as a calm, confident, and assuring demeanor on the part of the surgeon himself. It is questionable if much or any thing is accomplished in avoiding danger by the administration of alcohol before giving an anesthetic.

In the *Lyon Medical* of March 30, 1884, M. Daniel Mollière has described a very novel method of administering ether. An india-rubber tube is introduced into the rectum and connected with a flask of ether, which is placed in a jar holding water at a temperature of 120° Fahr. The vapor of ether passes rapidly into the rectum, and in a short time—about ten minutes—anesthesia is produced. After using it in this manner in a number of cases, in which such operations as removal of tumor from the antrum of Highmore, excision of the parotid gland, etc., were performed, M. Mollière believes that anesthesia by the rectal method is destined to be of great service. He claims that it suppresses the period of excitement, permits accurate regulation of the dosage, reduces to a minimum the amount of ether needed, aids materially in operations about the region of the face, and avoids the bronchial irritation already alluded to.

This method has been adopted in this country, and Dr. William T. Bull, of New York, reports seventeen cases in which ether vapor was administered per rectum for surgical anesthesia. The first sensation experienced by the patient was distension of the bowel with the gas. At the end of three or four minutes the odor of ether was detected in the breath, the breathing became a little slower and deeper, the face was flushed, the patient yawned a few times, and gradually lost consciousness, breathed stertorously, and both sensation and reflex action were suspended. The period of excitation was absent. In seven of the seventeen cases reported by Dr. Bull, diarrhea supervened, and in two cases the passages contained blood. Dr. Bull is forced to the conclusion that the drug thus administered is a dangerous irritant to the intestine, and in view of this fact the rectal method can not be regarded as a substitute for inhalation.

Dr. James B. Hunter,* of New York, reports six cases in which anesthesia was obtained by this method with great satisfaction. One of the cases was an ovariotomy; anesthesia occurred in six minutes and no vomiting or diarrhea occurred. He believes the rectal method is a great advance in anesthesia, and promises to come into general favor and adoption.

Upon the very same page with Dr. Hunter's favorable report of his experience, Dr. Robert F. Weir calls attention to the danger of the method by reporting a death from intestinal hemorrage and diarrhea, which occurred in his care.

This method will widely attract the attention of surgeons and undoubtedly will be tested thoroughly. The brief experience already recorded shows the method not without danger, and in many cases inhalation was deemed necessary to complete anesthesia.

In concluding this part of my report, I would commend to the members of the Society the simple inhaler of Dr. Oscar H. Allis, of Philadelphia, for the administration of ether. It very greatly facilitates the process, and is a great improvement

*Read before American Surgical Association, 1884.

*Medical Record, May 3, 1884.

over the towel and paper cone. Having used it altogether for five years past, I can bear testimony to its efficiency and convenience. It is to be feared that in administering anesthetics the consciousness that the risk must be assumed tends to disregard of details in its administration. The essentials in giving ether are a loose neck, an empty stomach and free abdomen, an easy position, a gag and forceps for the tongue, and the unremitting attention of a competent physician throughout all the stages. To avoid asphyxia, nausea, bronchial irritation, and to be safe, only the purest anhydrous ether should be used.

The past year has not been an epoch-making one in surgery. There have been no startling discoveries and no great positive advances in surgical practice. The stream has flowed on quietly, vexed a little into foam and ripple in a few shallow places as usual, but all the while giving very satisfactory evidence of progress as well as power. The principal triumphs continue to be scored in the field of abdominal surgery. The removal of tumors of all kinds, enterectomy and enterorrhaphy, resection of the stomach, and dilatation of the pyloric orifice, with exploratory operations for diagnosis, illustrate the facility and readiness with which the peritoneum is now opened. Two very instructive, practical, and in many respects remarkable papers have recently appeared in relation to the general surgery of the abdomen, and more particularly wounds of the intestines. Almost the latest literary effort of the venerated and beloved Prof. S. D. Gross is devoted to wounds of the intestines.* Recalling his early researches upon this class of wounds, and viewing it in the light of a mature and large experience, he declares that when contused, lacerated, punctured, and gun-shot wounds of the intestines are left to the unaided efforts of nature, the subjects of them perish from fecal effusion, peritonitis, hemorrhage or septicemia, or recover by adhesion of the injured portion of the tube to the surrounding parts. The leading indications in treatment of wounds of the intestines are the prevention of fecal effusion and the control of hemorrhage. To secure the first the wounds of the tube must be securely sutured. However small the wound enterorrhaphy is a harmless operation, when properly performed, compared with the danger of fecal extravasation. Prof. Gross considers silk the best and safest ligature for suturing the wounded intestine. Many surgeons prefer catgut, silkworm gut and horsehair to silk for this purpose, but in my opinion silk is more secure and not more irritating, while the other materials are liable to give way prematurely.

In 1882 Dr. Marion Sims demonstrated that when we have reason to believe the bowel wounded by a wound of the abdomen, whether the wound be incised, punctured, contused, or gun-shot, the abdomen should be freely opened, the wound treated as we have indicated, the peritoneum thoroughly cleansed, and the wound closed as in abdominal section under other circumstances.

It is to the approval of this plan of operative interference in wounds of the intestine that Prof. Gross directed the movements of that formidable instrument, the pen, before laying it aside forever.

The address in surgery,* delivered before the American Medical Association a few weeks since, by Dr. Charles T. Parkes, of Chicago, is a valuable contribution to the important subject of penetrating gun-shot wounds of the abdomen. I regret that the limits of this paper will not permit a thorough review of this valuable contribution to surgical science, which is destined, along with the researches of Benjamin Travers, of London, Benjamin Bell, of Edinburgh, and Samuel D. Gross, of Philadelphia, to occupy a permanent place in the literature of this important class of injuries. Dr. Parkes researches are based upon the results of thirty-seven intentional gun-shot wounds of the abdomen in animals, and are directed to a consideration of all the practical points involved. The results of these investigations confirm the indications pointed out already, and include lessons pertaining to shot wounds, their relation to the blood-supply of the intestines, and other essential and practical features of this formidable class of wounds. The following are the deductions made by Dr. Parkes from these experiments:

1. Hemorrhage, following shot wounds of the abdomen and the intestines, is very often so severe that it can not be safely controlled without abdominal section; it is *always* sufficient in amount to endanger life by secondary septic decomposition, which can not be avoided in any other way than by the same treatment.

2. Extravasations of the contents of the bowel after shot injuries thereof are as certain as the existence of the wound.

3. No reliable inference as to the course of a bullet can be made from the position of the wounds of entrance and exit.

*Proceedings American Surgical Association, 1884.

*The Medical News, May 17, 1884.

4. The wounds of entrance and exit of the bullet *should not be disturbed* in any manner except to control bleeding or remove foreign bodies when present. They need only to be covered by the general antiseptic dressing applied to the abdomen.

5. Several perforations of the intestine close together require a single resection, including all the openings. Wounds destroying the mesenteric surface of the bowel always require resection.

6. The best means of uniting the wounded intestine after resection is by the use of fine silk thread, after Lembert's method. It must include at least one third of an inch of bowel tissue, passing through only the peritoneal and muscular coats, never including the mucous coat. The everted mucous membrane must be carefully inverted, and needs no other treatment.

7. Wounds of the stomach, small perforations, and abrasions of the intestine, can be safely trusted to the continued catgut suture.

8. Every bleeding point must be ligated or cauterized, and especial care devoted to securing an absolutely clean cavity.

9. The best method of treating the stumps of divided mesentery is to secure them to the intestine at the site of the resection; or, better, to leave the mesenteric surface of the bowel as indicated above. Still this requires further study.

10. *Primary abdominal section* in the midline gives the best command over the damage done, and furnishes the most feasible opening through which the proper surgical treatment of such damage can be instituted. Further, its adoption adds but little, if any thing, to the peril of the injury.

11. Is not the moral effect of the assurance to the patient, that he will be placed in a condition most likely to lead to his recovery, a good substitute for the mental depression accompanying the general and popular conviction that his wounds mean certain death?

Dr. Parkes also concludes that the prophecy of Dr. Marion Sims may prove to be not so over confident after all, when he thus wrote in 1882:

> I have the deepest conviction that there is no more danger of a man's dying of a gun-shot or other wound of the peritoneal cavity, properly treated, than there is of a woman's dying of an ovariotomy properly performed. Ovarian tumors were invariably fatal till McDowell demonstrated the manner of cure, which has now reached such perfection that we cure from ninety to ninety-seven per cent of all cases. And by the application of the same rules that guide us in ovariotomy to the treatment of shot wounds penetrating the abdominal cavity, there is every certainty of attaining the same success in these that we now boast of in ovariotomy.—*British Medical Journal, March* 4, 1882.

In a recent clinical report on Ovariotomy* I took occasion to call attention to the importance of drainage in the treatment of wounds of the peritoneum. In addition to the customary method of draining the peritoneum through the drainage-tube, Mr. Lawson Tait declares that we have an efficient means in active purgation. Recent knowledge upon this subject has forever dissipated the traditional fear relative to an action of the bowels after abdominal section; and, bearing in mind that the peritoneum is an immense lymph-sac, we can unload the vessels, stimulate absorption, and facilitate excretion by catharsis. With the exception of the care now given to checking hemorrhage and cleansing the peritoneum, thorough drainage, by means of the drainage-tube and by purgation, is the most conspicuous among modern improvements in the treatment of the wounded peritoneum.

*The Medical News, Phila., December 8, 1883.

Taking up another branch of abdominal surgery, I desire to record a recent case of my own, with some deductions relating to the diagnosis and nature of abdominal tumors. The difficulties and uncertainties which surround the accurate diagnosis of abdominal tumors can only be appreciated by experience. The errors which have been made by surgeons of painstaking care and wide and mature experience sufficiently attest the deceptive nature of a growth within the peritoneum. Indeed these difficulties so constantly prevent any thing like dogmatism in diagnosis that an eminent European surgeon has declared that his diagnosis is only complete when he has opened the abdominal cavity. The following case is illustrative, and in some respects unique:

In September, 1881, I was consulted by Miss. J. G., aged twenty-one years, with the following history and condition: She had observed for some time a growing enlargement of the abdomen, with the point of departure to the left of the median line. Menstruation was regular and the general health excellent. On examination a fluid accumulation was readily made out, but no opinion was ventured as to its exact origin and character. No further exploration was made than by palpation. The progress of the case was noted from time to time, and the increase of the tumor was gradual and persistent.

Four months later, while this young lady was visiting a southwestern city, she consulted a physician of more than local reputation, who submitted her to active spoliative treatment. By the use of purgatives, diuretics, and diaphoretics, with low diet, the effort was made to reduce the tumor. The patient was very materially reduced by this treatment, but the tumor very perceptibly increased.

In March, 1882, Prof. Theophilus Parvin saw the case in consultation with me, and during the following month I had the additional counsel of Prof. J. A. Octerlony, as to the nature of the tumor and the management of the case. Believing the tumor to be an ovarian cystoma, we decided, in consideration of the reduced condition of the patient, to remove the fluid with the aspirator, and send the patient to the country for restoration of her general health, preparatory to ovariotomy. More than a gallon of straw-colored fluid was removed with the aspirator, a Martin's elastic bandage was applied to the abdomen, and the patient returned to her home in Central Kentucky, where, with a liberal diet, open air exercise, and restorative medicines, her health and strength rapidly returned. The bandage was worn constantly for seven months, and no return of the tumor occurred. More than two years have now elapsed since the operation described, without return of the tumor. Her health is perfect.

When the fluid was found without the chocolate color usually characterizing ovarian tumors, we indulged the hope that it was a cyst of the parovarium, and fortunately the result verified our hopes.

In the broad ligament of each side, close to the ovary, there are a number of tubules which are relics of fetal structure, the remains of the Wolffian body. These tubules may be the seat of cystic degeneration. These cysts when tapped will, in many cases—a proportion sufficiently large to warrant the operation—disappear and not return. Sometimes the cyst will partly refill, just as an emptied hydrocele will increase after iodine is injected, then absorption will take place, and the tumor disappear. Some operators claim that the majority of cysts of the broad ligament will disappear by tapping, others place the proportion at one half. Unquestionably those instances where so-called ovarian cysts have been cured by tapping have really been cysts of the broad ligament.

In the American Gynecological Society's Transactions for 1883 will be found a series of cases reported by Prof. Thad A. Reamy, of Cincinnati, in all of which accurate diagnosis was impossible, and which proved to be cysts of the omentum. When, with the similarity of physical and general symptoms which characterize these several classes of cystic tumors of the abdomen, we combine a due appreciation of the danger and complications consequent upon tapping ovarian cysts, we realize how great is the necessity for still further advance in diagnostic knowledge of cystic tumors within the abdomen.

I have endeavored to point out the tendencies of recent investigation in the brilliant domain of abdominal surgery, and to show that while the results already achieved surpass the expectations of the most speculative enthusiast of half a century ago, there remains a vast and rich outlying province as yet untrod by the restless foot of genius.

DANVILLE, KY.

Miscellany.

KENTUCKY PHARMACEUTICAL ASSOCIATION.—"Science" of the 6th inst., in a report of the proceedings of the recent meeting of the Kentucky Pharmaceutical Association, speaks as follows: "The attendance was an unusually large one, and much interest was shown in the progress of pharmacy and the collateral sciences. Various papers were read, bearing, however, mostly on pharmacy proper, but one of more general scientific interest was reported. It was a paper devoted to the elaboration of a method for the quantitative determination of iron by the decoloration of the ferric sulphocyanide by either mercuric or stannous chloride. The method gave, apparently, very satisfactory results, and has the great advantage of easy application. This paper was by Mr. J. A. Flexner."

We learn that though the paper was lacking in certain minor details at the time of its presentation, it will appear complete in the proceedings of the Society soon to be issued.

FOOD OF THE ANCIENTS.—Camels and dromedaries' flesh, especially the heels, were esteemed. Mæcenas, according to Pliny, delighted in donkey flesh; that of the wild ass was perferred to venison. The wild boar was called *animal propter convivia natum*, and the classical portion of the sow was *vulva nil dulcius ampla*. Plutarch says the gravid sow was actually trampled to death to make a delicious mass "fit for the gods." The *Porcus trojanus* was made by stuffing a pig with birds and various small animals. Fowls were drowned in Falernian wine. Peacocks raised in the island of

Samos were sold to the value of £2,000 per year for food.—*Medical Record.*

Consumption of Beer in Italy. (*Annali Universali di Medicina*, March.)—This is ever on the increase, a fact which has its importance in a medical and hygienic point of view, inasmuch as this "invasion of northern drinks" must influence the public health. The use of beer is favored, especially in the great cities, still more than by mere fashion, by the fact that the "national drink" undergoes by manipulation so many changes that it scarcely retains any thing more of wine than the name. The increased consumption of beer may be judged of by its importation, for while this, during the five years 1870–76, amounted to 26,681 hectoliters, it rose during the next three years to 49,609, and in 1880 to 43,110 hectoliters. The import of bottled beer has also doubled in amount since 1870–76.—*London Medical Times.*

Opium-Smoking in the United States. In his report on the drug trade for 1883, Mr. Robbins, of New York, calls attention to the fact that, while the importation of crude opium for medicinal purposes has varied but little (229,012 lbs. in 1883 compared with 227,126 lbs. in 1882), the increase in the importation of opium manufactured for smoking purposes has been enormous. There were imported, in 1883, 298,153 lbs. of this vicious preparation, against 106,221 lbs. in 1882; and the Government received from it a customs revenue of nearly $200,000,000.

Cesarean Section in Vienna.—William L. Allen, M.D., in a recent letter to the Medical Record, says: Cesarean section was in bad repute in Vienna until June, 1877, when Spaeth made the first successful operation after Porro's case of May, 1876. Carl Braun followed in the next two years with five operations, saving all of the children and three of the mothers. All were made according to Porro's method, and since 1879 the operation has been performed with some modifications a great many times, with excellent results.

Damiana and Hemorrhoids.—Dr. H. Speirer, of Belle Plaine, Minn., writes "that he recently prescribed extract of damiana in three-grain doses to two patients, men who had sexual weakness, the result of excesses. After about two weeks they reported improvement in sexual power, but both suffered from bleeding piles. One patient had had piles slightly years before, the other had never had them. They were both soon relieved after stopping the damiana.—*Ibid.*

Jean Baptiste Dumas died, on Friday, April 11th, at Cannes. Than Dumas, few men have done more for the development of science, or have been decorated with higher honors. In the opinion of the Medical Press, it is to him that "we owe a great part of the knowledge which rendered the modern science of physiological chemistry so materially useful as an agent of therapeutic advance."

The Committee on Public Health of the House of Representatives has reported adversely on the bill recommended by the National Board of Health for renewing the quarantine bill of 1879. It recommends that $200,000 be appropriated for preventing or checking epidemic disease. This sum will probably be expended through the Marine Hospital service.

Neither Dead nor Speechless.—In 1730 the Duchess Dowager Hamilton was reported either dead or speechless. She published a contradiction, thus: I have been ill in my health for several months, but never speechless, and my most intimate friends think that is the very last thing that will happen to me. E. Hamilton.—*Medical Record.*

The Population of France.—The following may be taken as reliable statistics: Of the 37,672,048 inhabitants of France 1,101,090 are foreigners, of which 432,265 are Belgians, 240,733 Italians, 81,986 Germans, 73,781 Spanish, 66,281 Swiss, and 37,006 English. The number of foreigners naturalized is small, only 77,046.—*Medical Press.*

Methuselah.—The Medical Press records the death, at Foxhill near Bally-Lannis, of Luke Mannion, who at the age of one hundred and eight retained unimpaired his mental faculties.

The University of Heidelberg is about to celebrate its five hundredth anniversary. The Baden Parliament has voted £8,000 to meet the expenses of the occasion.

The Louisville Medical News.

Vol. XVII. SATURDAY, JUNE 28, 1884. No. 26

H. A. COTTELL, M. D., - - - - - - - - Editor.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price $3.00 a year postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editor is not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITOR OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

Subscriptions and advertisements received, specimen copies and bound volumes for sale by the undersigned, to whom remittances may be sent by postal money order, bank check, or registered letter. Address

JOHN P. MORTON & CO.,
440 to 446 West Main Street, Louisville, Ky.

SYPHILIS TRANSMITTED THROUGH VACCINE LYMPH.

The long mooted question, can syphilis be carried from a specifically diseased to a sound person by means of vaccine lymph, seems to have been answered in the affirmative. Not long since Dr. Cory, of England, conducted a series of experiments in which he endeavored to test the question by vaccinating himself with lymph taken from syphilitic subjects. His experiments have been investigated by a Government Sanitary Committee with results which appear to be conclusive. Dr. Cory, after three unsuccessful attempts to inoculate himself with syphilis, succeeded in the fourth. In the first case the child from whom the lymph was taken had no active symptom of the disease, though hereditary syphilis was diagnosed. The vaccination was successful, but no sign of syphilis followed. In the second the child had a coppery eruption and "snuffles"; the vaccination was unsuccessful. In the third the symptoms were subsiding under mercurial treatment, and the vaccination failed. In the fourth case the child was in an active stage of the disease, with an eruption and sores, and again the vaccination did not succeed, but a papular syphilide showed itself on the 21st day at the seat of inoculation, and a secondary eruption soon appeared. In all these experiments "*admixture with blood was carefully avoided*, and the result of the fourth experiment shows *that it is possible to communicate syphilis by vaccination from a vaccine vesicle on a syphilitic person, even if no blood be used.*"

The committee calls attention to the fact that all these cases were obviously syphilitic.

Dr. Buchanan, in a note appended to the report, calls attention to the fact that two important rules of vaccination were intentionally discarded in these cases, viz., that lymph must be taken from persons in good health, and that hereditary syphilis and skin disease of any kind must be excluded.

Thus it will be seen that, under the labors of a science devotee and the close scrutiny of a board of experts, the transmission of syphilis from one person to another through the medium of vaccine lymph is established in one instance; and, though more extended investigations with an imposing array of results could be wished for, the case is sufficiently clear to serve as a warning to physicians and to show that the popular dread of syphilitic contamination from this source is not a mere figment of the fancy. Many stories have been current, especially during the late war, of syphilis transmitted by this means, and though physicians were not prepared to deny the possibility of such infection, they could at least say that no well-authenticated case to the point had been recorded.

The almost total insusceptibility of the lower animals to syphilis and the impracticability of testing the question upon human beings have stood in the way of investigation and rendered the solution of the problem well-nigh hopeless.

Dr. Cory, in submitting himself to such experiment, has shown great devotion to science and humanity, and is certainly worthy of a fat pension and immortal renown. But it is to be hoped that his example may not lead others to follow in his footsteps, since one well-established case is enough to prove the point at issue. If further investigation of the question be neces-

sary, it is probable that the dog-faced monkey, which under the hand of Martineau in one instance has shown syphilitic susceptibility, may, like Abraham's ram in the bush, forestall the necessity of human sacrifice.

The lesson of this case to the physician is plain, and it is probable that there will be an increased demand for bovine lymph, while the already inflated anti-vaccination stock will mount somewhat higher for a season.

AMERICAN MEDICAL ASSOCIATION.

The following circular has been "prepared for distribution to the various State and county societies throughout the United States." At the request of the Secretary we lay it before our readers, and commend it as a wise and liberal measure. It is well known that the old terms of membership were faulty in some important particulars, since under their provisons it was possible to bar out a worthy applicant at any time upon some trivial technical ruling.

Under the new regulation it is possible for any physician in good standing to obtain membership upon easy terms. We believe that the regulation will meet with the hearty approval of the members of State and county societies throughout the United States, and that under its application the roll of membership will be much enlarged, with a consequent addition to the dignity, force, and effectiveness of the Association:

PHILADELPHIA, June, 1884.

DEAR SIR: At the meeting of the American Medical Association, held at Washington in May last, an amendment to Regulation II was adopted, which provides that—

Membership in the Association shall be obtainable by any member of a State or County Medical Society recognized by the Association, upon application indorsed by the President and Secretary of said Society; and shall be retained so long as he shall remain in good standing in his local Society, and shall pay his annual dues to the Association.

It will be perceived that, as far as such opportunities are embraced, the strength of the Association will be increased and consolidated so as to unite the profession and give it a force and influence not otherwise attainable. Without undertaking, however, to point out the advantages of this action on the part of the Association, or to advocate the plan of which it is a main feature, it may simply be said that, as the new departure has been taken, it is for the Association and its constituent bodies to carry it out to the fullest extent, and to give the movement their hearty co-operation.

Toward this end, the first step is to make the action of the Association as widely known as possible; and you are, therefore, requested to bring the matter to the notice of your Society and its individual members, either by circular or in such other way as may seem to you most effective for the purpose.

Applications for membership, in the manner specified above, accompanied with FIVE DOLLARS for annual dues, should be sent directly to the Treasurer, Dr. Richard J. Dunglison, lock box 1274, Philadelphia, Pa., on receipt of which the weekly Journal of the Association will be forwarded for one year to such member.

Respectfully yours,

WILLIAM B. ATKINSON, M. D.
Permanent Secretary.

A TEST CASE.—It is interesting to note under the somewhat doubtful status of Pasteur's recent discoveries relative to the prophylaxis of rabies, that he has recently been furnished with an opportunity of testing his theories upon a human subject. An employe of the Paris and Lyons Railway at Tarascon-sur-Rhone, having been bitten by an undoubtedly mad dog, has placed himself in the hands of the eminent savant.

Upon the final issue of this case hang events of supreme moment, since it will fix or unsettle a hypothesis upon which turns the fate of many desperate sufferers, doomed to a horrible death if it fails, restored to hope and happiness if it proves sound; the anti-vivisectionists will turn pale with fear or blue with rage as they behold in the issue the probable growth of a popular sentiment which will make short work of their cherished misanthropic schemes, while science stands ready to place the name of Pasteur beside the name of Jenner on her scroll of fame.

Several cases of heat-stroke were reported in the city during the week.

Bibliography.

Medical Diagnosis, with Special Reference to Practical Medicine. A guide to the Knowland Discrimination of Diseases. By J. M. DA COSTA, M. D., LL.D., Professor of Practice of Medicine and Clinical Medicine at Jefferson Medical College, etc. Illustrated with engravings on wood. Sixth edition, revised. Philadelphia: J. B Lippincott & Co. 1884.

This work, a classic in medical literature since 1864, has already received exhaustive treatment at the hands of the reviewer. Original in plan, comprehensive in scope, and so handled in detail as to furnish an almost unerring guide to the practical solution of those problems in diagnosis which are ever before the busy physician, no medical work of this century has a wider popularity.

In preparing the present edition the author has added much new matter, and a number of new illustrations. Young writers may find a good lesson in the wise discrimination with which he selects from the great mass of material that has come to light since the last edition of the work was published. With the hand of a master he carefully winnows the grain, not only of chaff, but also of every imperfect kernel.

In this connection the advocates of modern pathological doctrines will be pleased to note that the author confirms the teachings of Koch in regard to the etiology of phthisis, giving the bacillus tuberculosis a place of honor in his work, while he accepts the discoveries of Koch and Pasteur as final in regard to the parasitic nature of anthrax. The spirillum of Obermeier is also set down without question as the cause of relapsing fever.

Most of the other candidates for favor in this department of research are either ignored or passed over with doubtful mention.

The work of the publisher is above criticism.

The Diseases of Children: A hand-book for Practitioners and Students. By ARMAND SEMPLE, B. A., Cantab., M. R. C. P., London, Physician Northeastern Hospital for Children; Physician to the Royal Society of Musicians, etc. New York: G. P. Putman's Sons. 1884.

Though diseases of children may be regarded as a special department of medical science, there are few general practitioners who would be willing to admit that it lies outside of their own legitimate domain. Hence every condensed and well-arranged treatise upon this topic is well received, and usually meets with a large sale.

The volume under notice may be placed very properly in the class above described, and is likely to prove a worthy candidate for general professional favor.

The author brings to his work liberal learning and large experience; but this experience, being in his opinion of more practical importance than knowledge conned from books, it is made to constitute the essential part of the work. All the more important affections of childhood are passed in review, and with a brief statement of the pathology of each disease, and a sufficient regard to its symptomatology, its treatment is unfolded with careful attention to every essential detail. The work is not designed to cover the ground of a full treatise on pediatrics, but as an elementery text-book for students and a hand-book for the physician's table it will do good service.

The Cinchona Barks, Pharmacologically Considered. By FRIEDRICH A. FLUCKIGER, Ph. D., Professor in the University of Strasburg, and author of Pharmaceutical Chemistry. Translated from the original text, with some additional notes, by FREDERICK B. POWER, Ph. D., Professor of Pharmacy and Materia Medica in the University of Wisconsin, with eight lithographic plates and one wood-cut. Philadelphia: P. Blakiston, Son & Co. 1884.

This is probably the most able monograph extant upon the cinchona barks. In view of the great commercial importance of the cinchona alkaloids, their vast consumption, and the interests involved in cinchona culture, the work is invaluable to the pharmacist and useful to the physician.

In its pages may be found every item of importance relative to the botanical origin, species, and habitat of the cinchona tree; cinchona culture, collection of the barks, their appearance and anatomical structure, contents of tissue, location of the alkaloids, varieties of barks, so called spurious cinchona barks, with commercial statistics, chemical constituents, amount of alkaloids in each variety of bark, quantitative estimation of alkaloids, their manufacture, history of the barks, pharmaceutical preparations, etc.

The text is very readable and remarkably condensed. The plates are large, striking, in delineation, and beautiful in finish. They figure the leaves, flowers, and pericarps of the various cinchona species, and the microscopic characters of the several barks. The translator has done his calling a most substantial service, by rendering into English this valuable German monograph.

Obesity and its Treatment. By Professor Epstein. Translated by Dr. Hebel in New York. New York: Brentano Bros.

The physiology is very new and sometimes surprising; the treatment, materially different from the so much dreaded Banting method, is by far not so heroic and rests more on physiologically sound principles.

The translation, coming from the pen of a thorough scholar, is fluent and expressive.

We can recommend this book. S. B.

Bath Nauheim: An announcement of this remarkable sprudel-current bath, by Dr. Shott. The water is very richly loaded with carbonic-acid gas, and in this last score of years has met with extensive therapeutical application. The analysis was made in the laboratory of the celebrated Prof. Fresenius in Wiesbaden.

The waters rise from a stratum of one-hundred-and-eighty-meters in depth, and are loaded with four times as much carbonic-acid gas as they could hold under ordinary atmospheric pressure, consequently an abundance of gas is developed, which forces a current the size of man's fist to a height of fifty-six feet. Under this powerful commotion the water discharges its over saturation of gas and is precipitated in the tanks in a state of saturation in agreement with its temperature and atmospheric pressure.

The bath can be had either as still water, or, agitated, as so-called current water. It is heated by steam-pipes to any temperature desired, its natural temperature being 31° C. The most remarkable feature of the springs is that, being a heavily saturated saline, it holds in solution a large percentage of iron and a superabundance of carbonic acid at a temperature of 31° C., consequently it combines the three cardinal characteristics of thermo-salines and ferruginous waters.

After eliminating such diseases which experience proves are to be benefited by this water, its healing sphere is still very extensive. Convalescents from a diversity of acute diseases, anemia from various causes, diseases of the nervous system, functional as well as such designated as depending on material changes, like tabes and spastic spinal paralysis, diseases of female sexual organs, skin diseases; farther, all cases in which the residues of inflammatory products are to be absorbed, either in the internal cavities or periphery, like muscles, joints, and heart, are materially benefited by its judicious use at least, if not cured.

S. B.

Correspondence.

LACERATED PERINEUM: MENSTRUATION APPEARS DURING OPERATION.

E. D., white female, aged twenty-two, native of Kentucky, was admitted to the Hospital April 25, 1884.* History of rectal trouble and some ostitis located in the tibia, both occurring during childhood. She complained of pain and weakness in the back and legs. On examination a ruptured perineum was found. The rupture did not quite reach the anus. She had considerable discharge from the uterus, the organ being somewhat enlarged. There was also marked cervical endometritis. Under the topical use of strong iodine twice a week, pellets of cotton saturated with glycerine applied to the womb every day and left *in situ* for twelve hours, with a hot-water douche night and morning, the pain disappeared.

On May 9th it was decided to sew up the ruptured perineum. The operation was begun, but before the surfaces had been completely denuded, a bloody discharge was noticed, which proved to be the menstrual flow brought on possibly by irritation of the parts. The operation was, however, completed, the parts being brought into perfect apposition. The patient was thus given every chance, though union was not expected in view of the flow. Twice a day the parts were flooded with a solution of bi-chloride of mercury, one part to two thousand, and a piece of absorbent cotton was placed over the surface of the wound. Without an unfavorable symptom and with very little swelling of the lips of the wound perfect union was obtained, although the menstrual flow lasted for four days. After union had taken place, the patient wore a pessary to correct a slight retroflection, and was soon well enough to leave the hospital May 20, 1884.

U. Ewing Marshall, M. D.,
Resident Physician, Louisville City Hospital.

A satirical medical review, called *Dr. Sangrado*, is published in Madrid. It was begun on November last, and has appeared every fifth day since that time.

The valerianate of cerium, in ten-centigram doses three times a day, is recommended in the vomiting of pregnancy.

*Louisville City Hospital Staff, Service of Dr. Douglas Morton.

Selections.

THE CLINICAL SIGNIFICANCE OF FIBRINOUS EXUDATIONS UPON THE MUCOUS MEMBRANE OF THE UPPER AIR-PASSAGES.—Francke H. Bosworth, M. D., read a paper of the above title before the American Laryngological Association. Among his conclusions were the following:

That a fibrinous exudation which occurred on the crypts of the follicles of the faucial or pharyngeal tonsil, or of the mucous membrane of the lower pharynx, had no tendency to extend, and belonged to a disease which was self-limited, and not dangerous in its tendencies.

That a fibrinous exudation which occurred upon the surface of the tonsil, or of the mucous membrane of the fauces, constituting a so-called croupous membrane, presented gross appearances, by which it could be immediately recognized.

That croupous membranes on the fauces of an adult marked the existence of a disease which, while being undoubtedly a blood-poison, was still a self-limited infection, and involved no danger to life.

That a croupous membrane forming in the fauces of a child marked the occurrence of the same disease as croupous membrane in an adult; but in the child there was the additional danger of a new center of development occurring in the larynx, where it might involve the greatest danger to life, though entirely as a mechanical obstruction to respiration.

That a diphtheritic membrane developed in the fauces marked the occurrence of a disease which was dangerous to life, not only from primary and secondary septicemia, but also from the tendency to the development of the same morbid process in the larynx.

Dr. Beverly Robinson, of New York, took exception to Dr. Bosworth's views in regard to the question of follicular tonsilitis, so-called, appearing as an essential fever. From a clinical point of view, he thought that this was a mistake, because, while it was certainly true that in a certain number of instances, particularly in children, the fever lasted for a number of days, and was evidently connected with the appearance of cheesy masses over the follicles of the tonsils, yet in quite as large a number of cases the fever was of very short duration. Again, the pathological appearances of the exudation from the interior of the follicles did not, he thought, resemble, microscopically, the condition to which Dr. Bosworth alluded in speaking of the true croupous membrane, and did not in reality partake of the nature of an exudation, which was generally regarded as of a fibrinous character. With regard to the question of croupous tonsilitis, he would remark that while there might, perhaps, be many cases in which the membrane itself did characterize the type of a disease which was not a constitutional affection, he had seen cases in which the mucous membrane did not seem to be incorporated with the false membrane itself, and in which the cases seemed to be of mild type, but after a few days became very serious. The membrane, which at first was white and easily detached, afterward became dark and so attached to the underlying tissue that he could not say the case was not one of diphtheria. As regards the origin of these affections in the local absorption of certain germs, he could only say that while they had a theoretical basis, they were to his mind, far from proved.

A CASE OF COMPLETE PARALYSIS OF THE LEFT VOCAL BAND IN EXTREME ABDUCTION, THE RESULT OF AN INCISED WOUND OF THE NECK.—At the recent meeting of the American Laryngological Association, Dr. J. Solis Cohen (Medical News) reported the following:

The patient was thirty-three years of age, a drug-clerk, and a slave of the opium habit. He was seen at the Jefferson Medical College, Philadelphia, in November, 1883, and said that in the June previous he had had his throat cut by thieves near Omaha. In attempting to cry out his voice gave way, and ever since there has been complete aphonia. While the right vocal band was normal in position, the left was found fixed in extreme abduction. On forced inspiration the right band did not go quite as far over as the position in which the left constantly remained. The man's account of himself was believed to be utterly unreliable, and there could be no doubt, from the position of the cicatrix in the neck (a plaster cast of which was exhibited), that he had attempted to commit suicide. The sterno-cleido-mastoid muscle had been severed, and the wound was deepest directly in the track of the pneumogastric nerve. There was no pulsation in the carotid artery, which was probably due to the fact that it was tied by the surgeon called to attend the man after the receipt of the injury. The wound was made

from behind forward, and there was a gashed appearance about the cicatrix, as though several slighter cuts had been made before the main one. The case, he believed, was altogether unique. Colored drawings were exhibited, showing the position of the vocal bands in inspiration, expiration, and forced inspiration.

Dissolution of the Nervous System.—In the Croonian Lectures, Dr. J. Hughlings Jackson (Medical Times) treats this subject under the following heads:

1. Starting at the bottom of the nervous system, the first example is the commonest variety of progressive muscular atrophy. We see here that atrophy begins in the most voluntary limb, the arm; it affects first the most voluntary part of that limb, the hand; and first of all, the most voluntary part of the hand; it then spreads to the trunk, in general to the more automatic parts.

2. Going a stage higher, we come to hemiplegia, owing to destruction of part of a plexus in the mid region of the brain. Choosing the commonest variety of hemiplegia, we see that there is a loss of more or fewer of the most voluntary movements of one side of the body; we find that the arm, the more voluntary limb, suffers the more and longer; we find, too, that the most voluntary part of the face suffers the most.

3. The next illustration is paralysis agitans, which I believe to be a morbid affection of the cortex in the mid-region of the brain (middle motor centers). But, apart from all speculation, this disease illustrates dissolution well. In most cases the tremor affects the arm first, and most often begins in the hand, and most often in the thumb and index finger.

4. Next we speak of epileptiform seizures, which are unquestionably owing to disease in the mid-region of the brain. Taking the commonest variety, we see that the spasm mostly begins in the arm, nearly always in the hand, and most frequently in the thumb or index finger.

5. The next illustration would be by paralyses after epileptiform seizures; in these cases, so far as I have observed, the paralysis affects those parts which have previously been most convulsed. If this observation be correct, nothing further need be said, for if the epileptiform seizure illustrates dissolution, then the paralysis which follows it, as its shadow, illustrates it too.

6. Chorea is a disease in which the limbs (the most voluntary parts) are affected more than the trunk, and the arms more than the legs. In this case the localization of the disease has not been made out; symptomatically, it illustrates dissolution.

7. Aphasia. This well illustrates the doctrine of dissolution, and in several ways. We consider a case of complete speechlessness. (*a*) There is loss of intellectual language, with persistence of emotional language; the patient can not speak and can not make signs, except of a very simple kind; yet, on the other hand, he smiles, frowns, varies the tones of his voice (he may be able to sing), and gesticulates as well as ever. (*b*) The frequent persistence of "Yes" and "No" in the case of patients who are otherwise entirely speechless is a fact of extreme significance. We see that the patient has lost all speech, with the exception of the two most automatic of all verbal utteranees. He retains those two words (really prepositions) which stand on the border-ground of intellectual and emotional langauge. "Yes" and "No" are evidently most general, for they assent to or dissent from any statement whatever; in consequence of being frequently used they are of necessity highly organized, and as a further consequence they are highly automatic. (*c*) A more important, though not more significant, illustration is, that the patient, who can not get out a word in speech, nevertheless understands all that we say to him. Plainly this is loss of a most voluntary service of words, with persistence of a more automatic service of words. We get illustrations from small corners. (*d*) As regards the utterance "No," we find three degrees of service, yet a patient may use it emotionally only—most automatic service; another patient may also be able to reply with it—a less automatic, but still very automatic, service of it (here this is some real speech). There is a still higher use of it, which some patients have not got. A patient who can reply "No" to a question may be unable to *say* "No" when told to do so. (*e*) A patient who is speechless may be unable to put out his tongue when told to do so; that he knows what is wanted is sometimes shown, by his putting his fingers in his mouth to help out the organ. The organ serves well in all more automatic operations. Here is evidently a reduction to a more automatic condition: there is no movement of the tongue more voluntary than that of putting it out when told.

AN UNOBJECTIONABLE FORM FOR THE ADMINISTRATION OF MEDICINES—From a paper by M. S. French, M.D., in the Medical and Surgical Reporter, we excerpt the following:

Manufactured pills will become more popular with physicians, as their value and advantages are recognized. They are so beautiful in appearance, so accurately compounded, so quickly dispensed, reducing the danger of making a mistake, on the part of the physician or druggist, to an almost impossibility.

They also enable the physician to carry with him, in a small and compact form, ready for administration, all the remedies that might be needed in emergencies and night practice.

To the physician engaged in country practice, where his patients are at a distance from a drug-store, they become of especial value.

There is little doubt but that much of the popularity of Hahnemann's system of cure is due to the preference of patients for the tiny, tasteless, and attractive pellets; and the sooner the profession recognizes this, the quicker will the public see that, aside from pleasant doses, there is nothing but fallacy in homeopathy.

Some drugs can not be administered in pill form, and there are instances where solutions are preferable. Such is the case in treating the various types of fevers, and where tonics are employed; but in the greater number of cases the object desired is a continued influence rather than an immediate impression upon the system, and for the accomplishment of this end pills are best suited.

The physician engaged in city practice sees no departures from health so frequently as those associated with the digestion and assimilation of food. A majority of the patients presenting themselves for treatment suffer from either a simple dyspepsia or some one of its many manifestations.

There are certain conditions that can not be relieved by dietetic and hygienic treatment alone, but require the use of drugs, which should be given in the most pleasant and unobjectionable form, as there is no class of patients so prone to find fault with their medicines, being best suited by doses that are attractive, tasteless, and not bulky.

A very useful pill is that of aloin (gr. one fifth) and strychnia (gr. one sixtieth) given at bedtime; this will produce a mild, thorough, laxative effect, unloading the stomach and intestines, removing the fetid breath, the furred coating upon the tongue, and the cerebral congestion.

An error liable to be committed is the administration of carthartics of too active a nature; they are rarely called for, do little good, and might possibly do evil. Mild laxatives only are required, and care should be exercised as to their selection and frequency.

Pepsin and bismuth are frequently combined when treating dyspepsia, and should always be administered in pill form, owing to the difficulty of keeping both agents together in a permanent solution, one requiring a somewhat acid menstruum, the other a neutral or an alkaline one. Nothing is more common than to see elixirs of pepsin, bismuth, and strychnia, which darken, harden, and shrink the albumen placed in them.

In treating that form of dyspepsia met with in malarious districts and in persons who have passed the autumn months in the country, much good can be obtained from quinine, or a combination of quinine, iron, and arsenious acid, given after meals and for a length of time. When using quinine the pill form is the best that can be resorted to, the soluble-coated pill possessing many advantages over the solutions, capsules or wafers.

Iron is the most valuable remedy in the treatment of dyspepsia, but furnishes best results when given toward the termination of a course of treatment.

Active business men, brain-workers, and those who are subjected to much mental anxiety or overwork, frequently suffer from what is termed "nervous indigestion." To meet this condition phosphorus should be given in small doses, immediately after meals.

Phosphorus is best given in the form of the manufactured pill, which has many advantages over those made to order in the prescription-room. A pill of this kind is very difficult to make, requiring especial care and skill. The phosphorus should be incorporated with the other ingredients, while in solution, so as to effect a thorough and uniform diffusion; they should also always be coated, in order to prevent oxidation. I have made some interesting experiments with phosphorus pills manufactured by Schieffelin, of New York, proving that their coating entirely protected the inclosed mass. A pill manufactured a year ago was cut open, and the mass found to be as soft as

though made but a few days. Another pill, of the same manufacturer, made eight years ago, was found to be but little harder. Upon placing two of the latter pills in a small quantity of water, the coating was quickly dissolved, the mass broken up, and when placed in a dark room the vial was plainly perceived, owing to the unaltered luminous property of the phosphorus. This simple experiment goes to show that if properly made and coated, a manufactured pill does not become affected by age, nor do the various ingredients become so altered that they lose their medicinal properties. Experience has shown that such pills may be kept for years, even in a very warm climate, and still have prompt effect when administered.

In treating secondary syphilis, the plan recommended by Dr. Keys, giving mercurials in granules, has many advantages over the older method of prescribing the same substance in solution. Intestinal irritation seems to be later and less painful in its manifestations, it is an easier matter to regulate the quantity given when pursuing the "tonic treatment," and the granular form is the most convenient and portable for the patient. The obstinate lesions occurring in the mouth are most successfully treated with granules. In a case where the mucous patches in the mouth were very numerous and troublesome, no impression could be made upon them until treatment by granules was tried (the patient being told to allow the granule to slowly dissolve upon the tongue), when they disappeared in a short time.

While pursuing the hyoscyamine treatment upon a patient afflicted with mental disease, the manufactured pills were of great advantage, as there was no doubt as to accuracy of dose, and they were easy to administer.

One of the leading alienists of this city tells me that he is using pills of this form upon several cases. He prefers them to the hypodermic method.

When prescribing a medicine so powerful that doses of from one two-hundredth to one twenty-fifth of a grain are desired, it is almost impossible to obtain the exact amount in each pill, unless a large number are prepared at one time and great care exercised in the manipulation of the mass. With drugs like arsenious acid, aconitia, aloin, atropia, codeia, digitalin, hyoscyamine, morphia, phosphorus, strychnia, and the more powerful mercurials, accuracy of dose and the decreased possibility of a careless mistake, are points in favor of the manufactured pill; while with such remedies as asafetida quinia, and others possessing a very unpleasant taste, the coating removes the objection to their use which patients so frequently make.

Little children who had to be forced to take quinine in solution, powders, or uncoated pills, would readily take the drug when given in a coated pill.

In this article I have tried to point out a few of the advantages possessed by manufactured pills over those prepared in the old and ordinary manner, and to speak of a few cases in my own practice, where the results from their use have been satisfactory. During the past seven years, the soluble-coated pills made by Schieffelin & Co., of New York, have been the ones prescribed, and I do not hesitate to recommend them to the profession.

The "coating" of pills is a subject of much importance and of especial interest to the physicians.

On the Local Treatment of Hay Fever.—I trust very little to local measures in the treatment of hay fever; but when there is profuse secretion, with an excessive tendency to sneeze, the inhalation of strong ammonia salts often gives great relief. I have not found injections of quinine, as recommended by Helmholtz, at all useful. Though in a few cases benefit was derived, in most instances no effect was produced, while some patients were actually made worse. The good effect is probably to be explained by the injection mechanically washing away the *corpus delicti* rather than by any parasiticide action. The same remark may apply to the case in which Binz states that a solution of one part of salicylic acid to one thousand of water, thrown into the nares, cut short the disease. The vapor benzoini, of the Throat Hospital Pharmacopeia has occasionally produced a soothing effect; and I have also seen good results from insufflations into the nose of a powder consisting of one sixteenth of a grain of morphia and one grain of bismuth. This should be applied several times a day. Ferrier's snuff may be substituted for the above formula, but it should be applied by insufflation. It is also said that great advantage has been derived from the snuffing of pure salicylic acid, ten or fifteen grains being used in this manner in the course of the day. As, however, this powder is very

"strong," I am inclined to believe that most persons would find the remedy worse than the disease.

In a few cases I have known some benefit result from the use of medicated bougies, such as the bismuth and acetate of lead Buginaria of the Throat Hospital Pharmacopeia; but, like quinine-spray, they occasionally aggravate the mischief they are meant to cure.

The upper lip and the margins of the nostrils should be smeared over with benzoated zinc ointment two or three times a day, when those parts are inflamed, or aconite liniment may be used in the same way.

For the relief of the irritation of the eyes, frequent bathing with very cold water is sometimes useful, though Roberts appears to have found more benefit from warm and slightly salt water. Sulphate of copper (two grains to one ounce) or sulphate of zinc (two grains to one ounce) may sometimes do good, but I have found a lotion containing two grains of acetate of lead with two drops of dilute acetic acid in an ounce of water the most soothing application. Sedative collyria occasionally allay the irritation; for this purpose a small quantity of a solution of acetate of morphia (one to three grains to an ounce) may be dropped into the eyes when they begin to itch.

Asthmatic patients are often relieved by inhaling the fumes of nitrated blotting-paper, the good effect of which is further increased by steeping the paper in a solution of stramonium, datura tatula, belladonna, or lobelia. A patent American remedy, consisting of nitrate of potash and powdered herbs, of which stramonium or datura tatula is probably the most important, is sold under the name of "Himrod's Cure," and when this powder is lighted and the fumes inhaled they sometimes quickly relieve the spasm.

In hay fever the food should be nutritious and easily digestible. Owing to the depression which the complaint causes, stimulants are sometimes necessary; but they should, if possible, be avoided, or only taken in small quantities. Light claret, hock, and whisky diluted with water, are the least injurious. Tea and coffee have a special value in the asthmatic form of the disease, both in relieving the spasm and counteracting the exhaustion which follows it. Thorowgood recommends citrate of caffeine for the same purpose, especially in cases where the heart is weak; he gives it in doses of two to three grains, dissolved in water or in warm coffee.—*Morell Mackenzie, M. D., in British Medical Journal.*

Boroglyceride in the Treatment of Suppurative Inflammation of the Middle Ear.—The point was emphasized, that suppurative inflammation of the drum-cavity is a disease that pre-eminently calls for antiseptic treatment. The indication is to keep the tympanic mucous membrane constantly bathed in a solution which, while it is antiseptic, is not irritating, and while it is gently astringent it does not form coagulations with the secretions. Solutions of boroglyceride in glycerine seem to meet these indications better than any known antiseptic. Finely pulverized boracic acid has been used with much success by Bezold and others, but, other things being equal, a fluid, at least on theoretical grounds, would seem to be better adapted to the *mucosa* than a powder, however finely it may be triturated. Boracic acid, moreover, does not supplant, but simply assists other methods of treatment, whereas the boroglyceride, at least in the hands of the author, not only destroys all fetor and quickly arrests the discharge, but it also destroys polypoid granulations without resort to caustics. Boroglyceride is prepared by heating together in an evaporating-pan, two ounces of boracic acid and three ounces of glycerine, the acid being added gradually, and the heat continued until the mass is reduced to exactly three and one third ounces, or two thirds the original weight. On cooling it is an amber-colored, vitreous mass, which is very friable and easily broken when sufficiently evaporated. It is readily soluble in glycerine, but much less so in water. It is used dissolved in glycerine—the treatment commenced with a fifty-per-cent solution, and the strength gradually reduced as the discharge diminishes. The treatment is largely intrusted to the patients, they being seen but twice or three times a week, when the meatus and tympanic cavity are thoroughly freed from all secretions by means of syringing with a warm solution of boracic acid and Valsalva inflations, or the use of an Eustachian catheter. The meatus is half filled with the boroglyceride (warmed) and the air forced through it by Valsalva inflation, or the catheter. The tragus is also pushed backward and inward, so as to force medicament into the middle ear. The boroglyceride is kept in position by means

of a plug of absorbent cotton, or borated cotton soaked in vaseline. The patient repeats the process as well as he can, night and morning, at home. By this treatment it is claimed that the patients can be discharged cured in less than half the time required by the usual methods.—*Dr. A. M. Roseburgh* (*Ontario Med. Soc.*); *Philadelphia Medical News.*

ACNE ROSACEA.—A paper was read on this subject at a recent meeting of the Harveian Society of London by Dr. T. Robinson. Like lupus erythematosus, rodent ulcer, sycosis, and other lupoid processes, acne rosacea was almost universally limited to the face. In rare cases the disease appeared on the scalp of bald subjects, and it had been observed by the author to occur over the sternum. Acne rosacea was always associated with an irritable state of the mucous membrane, especially of the stomach. It was always heralded by fugitive flushings of the face, especially occurring after food, but increased also by other causes, such as wind, exposure to sun, or soap. These flushings led to permanent dilatation of capillaries, followed by stasis, formation of papules, and all the inflammatory states peculiar to the malady. The inflammatory action might or might not involve the sebaceous follicles. The malady had a close relationship with what was known as relapsing erysipelas of the face, and with the vesicular and the non-vesicular erythema which attacked the same situations and obeyed the same laws. Lupus erythematosus was also akin to acne rosacea. It was not possible by any outward manifestations to distinguish one disease from the other in their early stages. Acne rosacea did not occur before the age of puberty; it was about equally distributed in the two sexes until the climacteric period of life, when it was seen much more frequently in the female, and was due in these cases to physiological activity of the hair follicles in the chin and upper lip especially, as is seen in the growth of hair in these situations at the said epoch of life. There were skins which could not develop acne rosacea; the latter was commonly only an expression of a local tendency in a general dartrous diathesis.

Dr. Alderson related a case of severe acne rosacea (in a young lady, aged sixteen), which had for a long time baffled treatment. When first seen by Dr. Alderson the appearance was almost that of semi-confluent smallpox in its pustular stage. A mixture, containing decoct. aloes comp. with soda and liq. pot. arsen. was prescribed; also a dram of compound liquorice powder every night. The face was painted with a solution of nitrate of silver in nitric ether (one dram to one ounce), and a poultice subsequently applied. Severe pain was set up, and after the application of a soothing lotion, containing zinc oxide, bismuth, and liq. plumbi, several of the pustules were lanced, and abundant pus let out. The caustic solution was applied repeatedly at intervals, and in the course of a month the patient was almost well. Dr. Alderson was at that time attending her father for a severe attack of acute eczema, associated with gout and with syphilitic psoriasis of the hands and fingers.—*London Medical Times.*

HARDNESS OF HEARING IN CHILDREN.—Dr. Gelle, of Paris, has discovered that about twenty to twenty-five per cent of school-children can only hear within a limited range. It has also been noticed that the poorer classes of children are specially liable to this affection, the fact being explained by the want of attention to trifling ailments of the ear. In France a practical result has ensued from the above observations, it having been arranged for children to be placed at a distance from the teacher's desk which would correspond with the strength of their hearing.—*Medical and Surgical Reporter.*

THE National Board of Health will receive $18,000 for scientific investigations, and $7,000 for salaries.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, June 15, 1884, to June 21, 1884.

Magruder, D. L., Lieutenant-Colonel and Surgeon, granted leave of absence for one month. (Par 7, S. O. 143, A. G. O., June 20, 1884.) *Happersett, J. C. G.*, Major and Surgeon, granted leave of absence for four months. (Par 5, S. O., A. G. O., June 18, 1884.)

CHANGES IN DEPARTMENT OF TEXAS.—*Porter, J. Y.*, Captain and Assistant-Surgeon, from Fort Ringgold, Texas, to Fort Brown, Texas, as Post-Surgeon. *Maddox, T. J. C.*, First Lieutenant and Assistant-Surgeon, from Fort Clark, Texas, to Fort Ringgold, Texas, as Post-Surgeon. *Black, C. S.*, First Lieutenant and Assistant-Surgeon, from Fort Concho Texas, to Fort Clark, Texas. (S. O. 73, Hdqrs. Dept. of Texas, June 9, 1884.